Exhibit 3

Michael E. Welsh (Massachusetts Bar No. 693537) welshmi@sec.gov
Casey R. Fronk (Illinois Bar No. 6296535) fronkc@sec.gov
Attorneys for Plaintiff
Securities and Exchange Commission
351 South West Temple, Suite 6.100
Salt Lake City, Utah 84101
Tel: (801) 524-5796

IN THE UNITED STATES DISTRICT COURT DISTRICT OF UTAH, NORTHERN DIVISION

SECURITIES AND EXCHANGE COMMISSION,

Plaintiff,

v.

DIGITAL LICENSING INC. (d/b/a "DEBT Box"), a Wyoming corporation; JASON R. ANDERSON, an individual; JACOB S. ANDERSON, an individual; SCHAD E. BRANNON, an individual; ROYDON B. NELSON, an individual; JAMES E. FRANKLIN, an individual; WESTERN OIL EXPLORATION COMPANY, INC., a Nevada corporation: RYAN BOWEN, an individual; IX GLOBAL, LLC, a Utah limited liability company; JOSEPH A. MARTINEZ, an individual; BENJAMIN F. DANIELS, an individual; MARK W. SCHULER, an individual; B & B INVESTMENT GROUP, LLC (d/b/a "CORE 1 CRYPTO"), a Utah limited liability company; TRAVIS A. FLAHERTY, an individual; ALTON O. PARKER, an individual; BW HOLDINGS, LLC (d/b/a the "FAIR PROJECT"), a Utah limited liability company; BRENDAN J. STANGIS, an individual; and MATTHEW D. FRITZSCHE, an individual;

Defendants,

Case No.:

DECLARATION OF KARAZ S. ZAKI IN SUPPORT OF PLAINTIFF **SECURITIES AND EXCHANGE COMMISSION'S EX PARTE** APPLICATION FOR ENTRY OF TEMPORARY RESTRAINING ORDER AND ORDERS (1) FREEZING ASSETS; (2) **REOUIRING ACCOUNTINGS; (3)** PROHIBITING THE **DESTRUCTION OF DOCUMENTS:** (4) GRANTING EXPEDITED **DISCOVERY; (5) REPATRIATING** ASSETS; AND (6) ORDER TO SHOW CAUSE RE PRELIMINARY **INJUNCTION**

ARCHER DRILLING, LLC, a Wyoming limited liability company; BUSINESS FUNDING SOLUTIONS, LLC, a Utah limited liability company; BLOX LENDING, LLC, a Utah limited liability company; CALMFRITZ HOLDINGS, LLC, a Utah limited liability company; CALMES & CO, INC., a Utah corporation; FLAHERTY ENTERPRISES, LLC, an Arizona limited liability company; IX VENTURES FZCO, a United Arab Emirates company; PURDY OIL, LLC, a Nebraska limited liability company; THE GOLD COLLECTIVE LLC, a Utah limited liability company; and UIU HOLDINGS, LLC, a Delaware limited liability company,

Relief Defendants.

- I, Karaz S. Zaki, pursuant to 28 U.S.C. § 1746, declare as follows:
- 1. I am over twenty-one years of age and am a resident of the State of Maryland.
- 2. I make this declaration in support of the United States Securities and Exchange Commission's ("Commission's") *Ex Parte* Application for Entry of Temporary Restraining Order and Orders (1) Freezing Assets; (2) Requiring Accountings; (3) Prohibiting the Destruction of Documents; (4) Granting Expedited Discovery; (5) Repatriating Assets; and (6) Order to Show Cause re Preliminary Injunction.
- 3. I have personal knowledge of the matters set forth herein, except as otherwise noted, and, if called as a witness, I could and would competently testify under oath to the facts stated herein.
- 4. I am a Certified Public Accountant employed within the Division of Enforcement in the Commission's Home Office in Washington, D.C. I have worked within the Commission's Division of Enforcement since June 2000.

- 5. In the course of my duties with the Commission, I regularly conduct inquiries and assist in investigations into possible violations of the federal securities laws. My responsibilities include analyzing financial records, including: bank records, other books and records of companies, and other information and documents that have been obtained by Commission staff during the course of investigations. I make calculations and observations based upon my review and analysis of those records, and I prepare spreadsheets and charts summarizing those calculations and observations. The documents that I analyze in the course of my duties with the Commission are of the type reasonably relied upon by accountants forming opinions and inferences about, among other things, the finances of an entity and its sources and uses of money.
- 6. As part of my duties as an accountant with the Commission, I was assigned to the investigation entitled *In the Matter of Digital Licensing Inc.* (SL-02891), and, among other things, I analyzed certain bank and financial records associated with and related to Defendants Digital Licensing Inc. (d/b/a "DEBT Box") (herein, "DEBT Box") and iX Global, LLC ("iX Global"); and Relief Defendants Blox Lending LLC ("Blox Lending"); Business Funding Solutions, LLC ("Business Funding Solutions"); Calmes & Co Inc. ("Calmes & Co."); Calmfritz Holdings, LLC ("Calmfritz Holdings"); The Gold Collective LLC ("The Gold Collective"); and UIU Holdings, LLC ("UIU Holdings").
- 7. In particular, I analyzed bank records, including monthly statements, cancelled checks, deposit records, bank signature cards, and wire details, for the following bank accounts associated with the Defendants and Relief Defendants listed herein in paragraph 6, all of which were produced in response to subpoenas that I understand were issued by Commission staff to the listed banks.

| Bank | Account Number | Account Name |
|--------------------------------|--------------------|----------------------------|
| | (Last Four Digits) | |
| America First Credit Union | xx2519 | Blox Lending LLC |
| Bank of America, N.A. | xx3814 | Blox Lending LLC |
| Bank of America, N.A. | xx1004 | Blox Lending LLC |
| Bank of America, N.A. | xx1020 | Blox Lending LLC |
| Washington Federal Bank | xx8442 | Blox Lending LLC |
| UTAH FIRST FCU | xx5607 | Business Funding Solutions |
| JPMORGAN CHASE BANK, NA | xx6549 | Calmes & Co Inc |
| JPMORGAN CHASE BANK, NA | xx2788 | Calmes & Co Inc |
| JPMORGAN CHASE BANK, NA | xx6893 | Calmes & Co Inc |
| JPMORGAN CHASE BANK, NA | xx0639 | Calmfritz Holdings, LLC |
| JPMORGAN CHASE BANK, NA | xx8115 | Calmfritz Holdings, LLC |
| US BANK, NA | xx4054 | Calmfritz Holdings, LLC |
| Mountain America CU | xx2717 | Digital Licensing Inc. |
| Zions First National Bank | xx4702 | Digital Licensing Inc. |
| Zions First National Bank | xx2497 | Digital Licensing Inc. |
| Mountain America CU | xx0736 | IX Global |
| Bank of America, N.A. | xx8643 | IX Global LLC |
| Bank of America, N.A. | xx8630 | IX Global LLC |
| Bank of America, N.A. | xx8656 | IX Global LLC |
| JPMORGAN CHASE BANK, NA | xx7087 | IX Global LLC |
| JPMORGAN CHASE BANK, NA | xx1712 | IX Global LLC |
| Metropolitan Commercial Bank - | xx9883 | IX Global LLC |
| Revolut payment processing | | |
| Zions First National Bank | xx0053 | The Gold Collective LLC |
| Zions First National Bank | xx2273 | The Gold Collective LLC |
| Zions First National Bank | xx3593 | The Gold Collective LLC |
| Zions First National Bank | xx3601 | The Gold Collective V LLC |
| Zions First National Bank | xx3585 | The Gold Collective VI LLC |
| Bank of America, N.A. | xx0882 | UIU Holdings LLC |
| Washington Federal Bank | xx0589 | UIU Holdings LLC |

- 8. The bank account records, produced by banks listed in paragraph 7, included declarations of relevant custodians of records, which are attached hereto, in total, as Exhibit 1.
- 9. The bank account records, produced by the banks listed in paragraph 7, included signature cards for the accounts, which are attached hereto, in total, as Exhibit 2.
- 10. Based on my review of the documents listed in paragraphs 7–9, I have compiled the attached Exhibit 3, which identifies, for each account: the bank at which the account is held;

the last four digits of the account number; the name on the account; the "Beginning Date" (*i.e.*, the date from which the records I reviewed begin); the "Beginning Balance" (*i.e.*, the balance in the listed account at the "Beginning Date"); the "End Date" (*i.e.*, the date at which the records I reviewed end); the "Ending Balance" (*i.e.*, the total balance in the account as of the "Ending Date"); and the "Authorized Signers" (*i.e.*, the individuals or entities which are listed as authorized signers on the account).

- 11. In addition, based on my review of the documents identified in paragraphs 7–9, I have made the following observations and calculations:
- 12. Between April 2021 and May 2023 at least \$49 million in investor funds were deposited in the above-listed bank accounts. In particular, I identified a total of \$49,097,035.82 in deposits to the above-listed accounts which fall within one or more of the following categories: (1) deposits in which the "memo" field identified the transaction as an investment or as for the purchase of DEBT Box "tokens" or "licenses"; (2) deposits from those individuals and entities who had other deposits matching the parameters identified in the first category; (3) deposits from individuals in whole number increments (such as \$10,000, \$50,000, or \$100,000); and (4) other deposits from certain third-party payment processors that, given the circumstances, could be reasonably attributed to the purchase of the DEBT Box "node licenses" as alleged in the Commission's Complaint.
- 13. The investor deposits I identified (pursuant to the parameters listed in paragraph 12) involved bank accounts associated with Defendants DEBT Box and iX Global and Relief Defendants Calmfritz Holdings and Calmes & Co. In particular, I identified investor deposits totaling approximately \$13,000,000 into bank accounts associated with Defendant DEBT Box, which represented approximately 86 percent of the total deposits made into those accounts over

the time period for which I reviewed records. I identified investor deposits totaling approximately \$23,000,000 into bank accounts associated with Defendant iX Global, which represented approximately 56 percent of the total deposits made into those accounts over the time period for which I reviewed records. I identified investor deposits totaling approximately \$12,700,000 into accounts associated with Relief Defendant Calmfritz Holdings, which represented approximately 96 percent of the total deposits made into those accounts over the time period for which I reviewed records. And I identified investor deposits totaling approximately \$300,000 into bank accounts associated with Relief Defendant Calmes & Co., which represented approximately 15 percent of the total deposits made into those accounts over the time period for which I reviewed records. In total, investor deposits of approximately \$49,000,000 represented 69 percent of the total deposits (excluding interbank transfer and returned items) made into the above referenced accounts.

- 14. With respect to the accounts associated with Defendant DEBT Box, I identified the following activity, among other things:
 - The accounts associated with DEBT Box had a zero balance as of March 21, 2021;
 - From March 2021 to May 2023, approximately \$34,000,000 was deposited. These funds were disposed of leaving an ending balance of approximately \$367,000 as of May 30, 2023.
 - The DEBT Box accounts transferred or paid funds to the following

 Defendants and Relief Defendants, in the following approximate net

 amounts: Relief Defendant Archer Drilling, LLC \$1,600,000; Relief

 Defendant Business Funding Solutions \$12,000,000; Relief Defendant

Blox Lending \$500,000; Defendant Schad E. Brannon \$60,500; Relief Defendant Purdy Oil, LLC \$2,700,000; Relief Defendant The Gold Collective \$4,000,000; Defendant Royden B. Nelson \$40,000.

Attached hereto as Exhibit 4 is a detailed spreadsheet of the transactions described above.

- 15. With respect to the accounts associated with Defendant iX Global, I identified the following activity, among other things:
 - The accounts associated with iX Global had a zero balance as of August 21, 2021;
 - From August 2021 to May 2023, approximately \$50,500,000 was deposited. These funds were disposed of leaving an ending balance of approximately \$763,000 as of May 1, 2023.
 - The accounts transferred or paid funds to the following Defendants and Relief Defendants, in the following approximate net amounts: Defendant DEBT Box \$3,900,000; Relief Defendant Blox Lending \$4,350,000; Relief Defendant Flaherty Enterprises, LLC \$268,500; Relief Defendant IX Ventures FZCO \$1,350,000; Defendant Joseph Anthony Martinez \$3,100,000; Defendant Travis A. Flaherty \$575,000; Relief Defendant Business Funding Solutions \$250,000.

Attached hereto as Exhibit 5 is a detailed spreadsheet of the transactions described above.

- 16. With respect to the accounts associated with Relief Defendant Calmfritz Holdings, I identified the following activity, among other things:
 - The accounts associated with Calmfritz Holdings had a zero balance as of May 5, 2021;

- From May 2021 to April 2023, approximately \$14,500,000 was deposited.

 These funds were disposed of leaving a negative ending balance as of April 30, 2023.
- The accounts transferred or paid funds to the following Defendants and Relief Defendants, in the following approximate net amounts: Defendant DEBT Box \$9,000,000; Defendant Matthew Dillon Fritzsche \$32,000.

Attached hereto as Exhibit 6 is a detailed spreadsheet of the transactions described above.

- 17. With respect to the accounts associated with Relief Defendant Calmes & Co., I identified the following activity, among other things:
 - The accounts associated with Calmes and Co. had a zero balance as of May 4, 2021;
 - From May 2021 to April 2023, approximately \$3,000,000 was deposited.

 These funds were disposed of leaving an ending balance of approximately \$219,000 as of April 28, 2023.
 - The accounts transferred or paid funds to the following Relief Defendant, in the following approximate net amount: Relief Defendant Calmfritz Holdings \$187,000.

Attached hereto as Exhibit 7 is a detailed spreadsheet of the transactions described above.

18. In addition to the payments identified above, I identified other payments to
Defendants and Relief Defendants in the account records described in paragraph 7. In particular,
my analysis of the account records to which I currently have access shows that the following
Defendants and Relief Defendants received at least the following amounts that appear to be
investor funds. Note that due to the emergency nature of this action, the following list of

payments is preliminary and includes only the limited amount of bank account information currently available to the Commission.

| Defendant / Relief Defendant | Approximate Investor Funds Received |
|---|-------------------------------------|
| Digital Licensing Inc. (d/b/a DEBT Box) | \$13,000,000 |
| Schad E. Brannon | \$60,500 |
| Roydon B. Nelson | \$40,000 |
| Western Oil Exploration Company, Inc. | \$290,000 |
| iX Global, LLC | \$23,000,000 |
| Joseph Anthony Martinez | \$3,100,000 |
| Travis A. Flaherty | \$576,000 |
| Matthew Dillon Fritzsche | \$32,000 |
| Archer Drilling, LLC | \$1,610,000 |
| Business Funding Solutions, LLC | \$11,960,000 |
| Blox Lending, LLC | \$4,700,000 |
| Calmfritz Holdings, LLC | \$12,700,000 |
| Calmes & Co Inc. | \$300,000 |
| Flaherty Enterprises, LLC | \$260,000 |
| IX Ventures FZCO | \$1,350,000 |
| Purdy Oil, LLC | \$2,670,000 |
| The Gold Collective, LLC | \$3,980,000 |
| UIU Holdings, LLC | \$200,000 |

19. Funds deposited in the above-described accounts were also used for apparent personal expenses, such as payments to luxury car dealerships, travel agencies, and to purchase houses. For example, the iX Global Bank of America accounts show withdrawals of over \$1 million for bills for an American Express credit card in the name of Joseph Martinez and in payments to "Custom Classic Auto," and approximately \$30,000 in payments to "EXTREME SCENE ADVENTURES AND TOURS." The bank account records for Relief Defendant Business Funding Solutions show at least \$150,000 in payments to the Ferrari of Salt Lake City car dealership; the bank account records for Relief Defendant Blox Lending show payments totaling over \$750,000 to the same dealership. In addition, bank records for Blox Lending show wire transfers of over \$2.7 million to title companies presumably associated with the purchase of real estate. Attached hereto as Exhibit 8 is a detailed spreadsheet of these transactions.

- 20. I also reviewed more recent bank account information for certain accounts, and found the following:
 - a. Defendant iX Global's Bank of America accounts ending in xx8643,
 xx8630 and xx8656 were are closed on June 30, 2023. Attached as
 Exhibit 9 is a true and correct copy of the closing cashier's checks.
 - b. From July 1, 2023 to July 7, 2023, Defendant iX Global's Mountain America CU account ending in xx0736 shows continuing deposits and withdrawals. Attached as Exhibit 10 is a true and correct copy of those account transactions.
 - c. From July 1, 2023 to July 6, 2023, Defendant Digital Licensing Inc.'s Mountain America CU account ending in xx2717 shows continuing withdrawals. Attached as Exhibit 11 is a true and correct copy of those account transactions.

I declare under penalty of perjury that the foregoing is true and correct.

Karaz S. Zaki

Executed in Silver Spring, Maryland on July 24, 2023.

Exhibit 1



6/5/2023

Re: Blox Lending LLC

Account Number: 2519

Requesting party: Mitchell Davidson - United States

Securities and Exchange Commission

Documents enclosed: Membership Application;

Statements; Deposits; Official Check; Canceled Check;

Wire Transfers

Prepared by:

Natalie Dalton - Records Dept.

America First Federal Credit Union

PO Box 9199

Ogden, UT 84409

801-827-8598

ndalton@americafirst.com



CERTIFICATION OF FINANCIAL RECORDS REQUESTED

| This certification is specific to financial records for: Blox Lending LLC |
|---|
| Account number: 2519 |
| I,Natalie Dalton, certify: |
| 1. I am employed by America First Federal Credit Union as a Subpoena Officer. America First Credit Union is a federally chartered credit union headquartered in Riverdale, Utah, and has branch locations in Utah, Nevada, Arizona and Idaho. The primary business of America First Credit Union is to provide general credit union and financial services to individuals who qualify for membership. Such financial services include, without limitation, financial products, services and transactions. |
| As a Subpoena Officer with America First Credit Union, I am a duly authorized custodian of America First Credit Union's records. I am qualified to certify America First Credit Union's recordkeeping practices and systems. |
| 3. I certify that the documents accompanying this certification are exact copies of financial records that were: |
| a. Made, as a regular business practice, at or near the time of the occurrence of the matters set forth therein, by or from information transmitted by a person with knowledge of those matters. b. Kept in the course of regularly conducted business activity according to credit union policy. c. Obtained by searching the credit union's official records. |
| 4. I certify these duplicate copies are compliant with the subpoena described below in lieu of testifying in |
| person. <u>Membership Application</u> ; <u>Statements</u> (3/1/2018/opening - 5/31/2023); <u>Deposits</u> ; <u>Official Check</u> ; <u>Canceled Check</u> ; <u>Wire Transfers</u> |
| I declare under penalty of perjury that the foregoing is true and correct. Executed on <u>June 5, 2023</u> . |
| Signature Signature |
| Subscribed and sworn before me this 5 day of June 2023. |
| MATTHEW BLANSCETT NOTARY PUBLIC - STATE OF UTAH COMMISSION NO. 725231 COMM. EXP. 06/15/2026 |

Bank of America Legal Order Processing Regarding reference number: D071023000078

Court case name: IX GLOBAL Court case number: SL-02891

Court or issuer: ENF-CPU U.S. SECURITIES

AND EXCHANGE COMMISSION

DECLARATION OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

- 1.) <u>Authority.</u> I, Kacie Williams, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this declaration and certify to the authenticity and accuracy of the records produced with this declaration.
- 2.) <u>Records.</u> The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:
- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
- b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
- c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments:

| Account title | Account ending in | Document type | Timeframe |
|---------------|-------------------|--|--------------------|
| IX GLOBAL LLC | 8643 | Signature Card, Statement Pages, Wires | 03/20023 - 06/2023 |

| response to the subject request, or | rder, or subp | oena) constit | ute a complete p | produced by Bank of America N.A. previously in roduction of bank records responsive to the subject object request, order, subpoena as subsequently limited |
|---------------------------------------|----------------|-------------------|---|--|
| • | | | OR | |
| A thorough search has be or subpoena. | een conducte | ed and no red | cords could be loc | cated that are responsive to the subject request, order, |
| 4.) I declare under penalty of perjui | ry that the fo | oregoing is tru | e and correct. | |
| Date:07/11/2023Sig | | Kacie Williams | Digitally signed by Kacie Williams Date: 2023.07.11 07:32:59 -04'00' | |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.900 Page 16 of 211 DECLARATION

Case No. : SL-02891

Debra S Allen, certifies and declares as follows:

- 1. I am over the age of 18 years and not a party to this action.
- 2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
- 3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
- 4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
- 5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
- 6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Debra S Allen

Transactions Specialist IV JPMORGAN CHASE BANK, N.A.

SB1447524-F1

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.901 Page 17 of 211 DECLARATION

Case No. : SL02891

Debra S Allen, certifies and declares as follows:

- 1. I am over the age of 18 years and not a party to this action.
- 2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
- 3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
- 4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
- 5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
- 6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Debra S Allen

Transactions Specialist IV

JPMORGAN CHASE BANK, N.A.

SB1440710-F1

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.902 Page 18 of 211 DECLARATION

Case No. : SL02891A

Suzanne L Story, certifies and declares as follows:

- 1. I am over the age of 18 years and not a party to this action.
- 2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
- 3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
- 4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
- 5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
- 6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: 4/04/2023

Suzanne L Story

Transactions Specialist IV

JPMORGAN CHASE BANK, N.A.

SB1428404-F1

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.903 Page 19 of 211 DECLARATION

Case No. : SL02891A

Suzanne L Story, certifies and declares as follows:

- 1. I am over the age of 18 years and not a party to this action.
- 2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
- 3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
- 4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
- 5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
- 6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: 3/31/2023

Suzanne L Story

Transactions Specialist IV

By: Slipule & Store

JPMORGAN CHASE BANK, N.A.

SB1428404-F1



9800 South Monroe Street Legal Department Sandy, Utah 84070

Case: SL-02891

Subject(s): Digital Licensing Inc, IX Global

Description of Records Provided: Signature Cards, Statements, July History to Date, Wires, IP Log and

Business ACH Online Log

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Ashley Milano, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 07/12/2023

Ashley Milano

Custodian of Records



9800 South Monroe Street Legal Department Sandy, Utah 84070

Case: Digital Licensing, Inc SL-02891 Subject(s): Digital Licensing, Inc Description of Records Provided:

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Andrea Sanchez, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

Justicel

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 05/31/2023

Andrea Sanchez

Custodian of Records



9800 South Monroe Street Legal Department Sandy, Utah 84070

Case: SL-02891 Subject(s): IX Global

Description of Records Provided: Account Statements, Signature Cards, Transaction Receipts, Wire

(incoming and outgoing), Email Correspondence

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Wendy Memmott, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 05/22/2023

Wendy Memmott

Custodian of Records

Wendymemmost

DECLARATION OF [Insert Name] CERTIFYING RECORDS OF REGULARLY CONDUCTED BUSINESS ACTIVITY

I, the undersigned, [insert name] Dogen Le, pursuant to 28 U.S.C. § 1746, declare that:

1. I am employed by Utah First Federal Credit Union as [insert position]

Oceration Specialist and by reason of my position am authorized and qualified to make this declaration. [if possible supply additional information as to how person is qualified to make declaration, e.g., I am custodian of records, I am familiar with the company's recordkeeping practices or systems, etc.]

I'm familiar with the company's record keeping gractice.

- 2. I further certify that the documents [circle one] attached hereto or submitted herewith and stamped [insert bates range, if applicable] Apr. 12 6 to 2023 to 3 are true copies of records that were:
 - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
 - (b) kept in the course of regularly conducted business activity; and
 - (c) made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct. Executed on $[date] \frac{1117023}{}$.

Duyen le Dynger & [Name]

DECLARATION OF [Insert Name] CERTIFYING RECORDS OF REGULARLY CONDUCTED BUSINESS ACTIVITY

qualified to make declaration, e.g., I am custodian of records, I am familiar with the

I, the undersigned, [insert name] Dogen Land, pursuant to 28 U.S.C. § 1746, declare that:

1. I am employed by Utah First Federal Credit Union as [insert position]

Payment Solutions Specialist and by reason of my position am authorized and qualified to make this declaration. [if possible supply additional information as to how person is

company's recordkeeping practices or systems, etc.]

I am familiar with utah First Credit Union record Keeping practice.

- 2. I further certify that the documents [circle one] attached hereto or submitted herewith and stamped [insert bates range, if applicable] 2018 Cween (5-4-2023) are true copies of records that were:
 - (a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;
 - (b) kept in the course of regularly conducted business activity; and
 - (c) made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct. Executed on [date] 5 - 4 - 2 + 3.

Doyen Le Dyn Kr

CERTIFICATION OF CUSTODIAN OF RECORDS

| STATE OF MINNESOTA |) | |
|--------------------|---|----|
| |) | SS |
| COUNTY OF HENNEPIN |) | |

- I, Rachel Irvin, declare and state as follows:
- 1. I am the Legal Records Coordinator of U.S. Bank National Association, a corporation duly organized and existing under the laws of the United States, with offices at 800 Nicollet Mall, Minneapolis, Minnesota 55402, and as such have been designated as the Custodian of Records for the purpose of responding to the attached Subpoena Duces Tecum.
- 2. The documents delivered with this Certification in response to the Subpoena Duces Tecum represent true and correct copies of documents which are in our files. These records were prepared in the ordinary course of business at or near the time of the act, condition or event.
- 3. The documents delivered together with this Certification represent a complete response to the Subpoena Duces Tecum as of this date. A reasonable search has been performed to locate all documents which fall within the purview of the Subpoena Duces Tecum, and I am not aware of the existence of any further documents which would fall within the boundaries of the Subpoena Duces Tecum.

DATED this 1st day of May 2023.

/s/ Rachel Irvin
Custodian of Records

| STATE OF UTAH |) |
|--------------------|------|
| | : 55 |
| COUNTY OF SALTIAKE | 1 |

AFFIDAVIT OF CUSTODIAN OF RECORD

CASE NAME: Digital Licensing, LLC et al

CASE NO: SL-02891-A

COMES NOW, Kevin Mwangi, who does swear and affirm the following:

I am a duly authorized custodian of the records for Zions Bancorporation, N.A. dba Zions First National Bank and as such have access to the records and data maintained by this division in the regular course of its business.

I hereby certify that it is a regular practice of the above-described entity to make and keep records of the acts, events, conditions, and opinions of such entity in the ordinary course of its business.

I hereby certify that the attached documents are true and correct copies of all records described in the legal order that are in my possession or control as a custodian of such records.

I further certify that the original records, from which the attached documents were copied, were made by the personnel of the above-described entity at or near the time of the original business transactions by, or from information transmitted by, a person with knowledge of those matters. Such documents are made in the ordinary course of business at said entity and are regularly kept in order to record the acts, events, conditions, or opinions of said business entity in the course of its regular business practice.

I hereby declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct.

AFFIANT

SUBSCRIBED AND SWORN to before me on July 10, 2023 by Kevin Mwangi

Notary Public Trisha Holmes

Commission No. 714922

Notary Public

State of Utah

My commission expires 11/4/2024

| STATE OF UTAH |) | |
|---------------------|---|----|
| |) | SS |
| COUNTY OF SALT LAKE |) | |

CASE NAME: Digital Licensing, LLC et al CASE NO: SL-02891-A

AFFIDAVIT OF NON-RECORD

My name is Kevin Mwangi; I hereby certify that, I am employed by Zions Bancorporation, N.A. as the Custodian of Records for Zions First National Bank with a business address 7860 S Bingham Jct. Blvd, Midvale, UT 84047, and a business phone number of 800-601-9582.

I certify that in my capacity as Custodian of Records, I have care, custody, and control of the business records of Zions First National Bank.

I certify that the entry into the business records are made in the ordinary course of the business of Zions First National Bank by an employee or a representative of the company who has personal knowledge of the information being entered into the business records, and that the employee making the entry has a duty to commit the information into the record, and that the entries are made at or near the time of the event they purport to record.

I further certify that upon a thorough and diligent search of the business records of Zions First National Bank there is no record or file, responsive to the legal order, in the business records of Zions First National Bank relating to: Accounts closed prior timeframe requested. Account 0053 Closed 2/14/2023; Account 3585 Closed 2/14/2023; Account 3593 Closed 2/15/2023; Account 4702 Closed 3/01/2023; Account 2273 Closed 2/09/2023; Account 2497 Closed 2/08/2023. Unable to locate 7520,

AFFIANT

SUBSCRIBED AND SWORN before me on 7/10/2023 by Kevin Mwangi

Trisha Holmes

Commission No. 714922

Notary Public

State of Utah

My commission expires 11/4/2024

AFFIDAVIT OF CUSTODIAN OF RECORD

CASE NAME: In the Matter of Digital Licensing, LLC

CASE NO: SL-02891-A

COMES NOW, Kevin Mwangi, who does swear and affirm the following:

)

I am a duly authorized custodian of the records for Zions Bancorporation, N.A. dba Zions First National Bank and as such have access to the records and data maintained by this division in the regular course of its business.

I hereby certify that it is a regular practice of the above-described entity to make and keep records of the acts, events, conditions, and opinions of such entity in the ordinary course of its business.

I hereby certify that the attached documents are true and correct copies of all records described in the legal order that are in my possession or control as a custodian of such records.

I further certify that the original records, from which the attached documents were copied, were made by the personnel of the above-described entity at or near the time of the original business transactions by, or from information transmitted by, a person with knowledge of those matters. Such documents are made in the ordinary course of business at said entity and are regularly kept in order to record the acts, events, conditions, or opinions of said business entity in the course of its regular business practice.

I hereby declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct.

AFFIANT

SUBSCRIBED AND SWORN to before me on March 17, 2023 by Kevin Mwangi

Notary Public

COUNTY OF SALT LAKE

Trisha Holmes

Commission No. 714922

Notary Public

State of Utah

My commission expires 11/4/2024

Exhibit 2





BUSINESS ACCOUNT APPLICATION AND ACCOUNT CARD

| Date 12/7/2022 | | Account Number | 2514 |
|---|--------------------------------------|--|-------------------------------|
| | ACCOUNT DESIGN | ATION INFORMATION | |
| Select One of the Following | | | |
| ☑ New Account | | | |
| ☐ Designation of New Officers | | NAICS Code | |
| ☐ Change of Name | | | |
| Other | | - | |
| | | | |
| Select an Entity Type | | | |
| ☐ Sole Proprietorship (DBA Registrat | ions) | ☐ Corporation (Certified Articles of Inc | corporation) |
| ☑ LLC (Articles/Certificate of Organiz | ation) | ☐ Partnership (Partnership Agreement | t) |
| ☐ Association of Members (Clubs, Tr | oops, Leagues, etc.) | □ Other | |
| | | | |
| What is the primary purpose or function | on of this business? HARD MONE | EY LENDING - PERSONAL FUNDS TO | O family and friends |
| | | ACCOUNT INFORMATION | |
| Business Name BLOX LENDING L | LC | | |
| - | (801) 560-0526 | | |
| SSN/TIN | Business Phone | E-ma | ail |
| Physical (Street) Address of Business | 13894 S BANGERTER PARK | WAY SUITE 200 | |
| | | | 9044 |
| | City DRAPER | State UT | ZIP 84020 |
| Mailing Address of Business | | | |
| (If different than physical address) | | | |
| | City | State | ZIP |
| | ELIGIBILITY | INFORMATION | |
| ☑ The Business is Located within Ar | merica First Credit Union's Field of | Membershin (see address above) | |
| | | ip (document eligibility in the Responsible I | ndividual Information section |
| THE UNDERSIGNED CERT | TIFY THAT THE BUSINESS IS ONE O | F THE FOLLOWING: (1) LOCATED WITHIN THE MEMBERS OF THE ORGANIZATION ARE ELIG | HE CREDIT UNION'S |
| | | | |

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Page 1 of 9

| Account Number | 22519 |
|----------------|-------|
| | |

RESPONSIBLE INDIVIDUAL INFORMATION (OWNERS, OFFICERS, DIRECTORS, TRUSTEES, etc.)

| JASON RICHARD ANDERSON | | MEMBER | |
|---|---|----------------------------|-----|
| Responsible Individual's Legal Name | | Title/Position | |
| SSN | Date of Birth | | |
| Phone Cell | E-mail | | |
| | DRAPER | UT | |
| Street Address | City | State | ZIP |
| | | | |
| Mailing Address (if different than street address) | City | State | ZIP |
| Document Field of Membership Eligibility (Qualifying Name, Address, Accou | nt or Other) | | |
| Existing member of America First Federal Credit Union. Qualifying | Primary Account Number | 4066 | |
| 2 | | | |
| Responsible Individual's Legal Name | | Title/Position | |
| SSN | Date of Birth | | |
| Phone Cell | E-mail | | |
| | | | |
| Street Address | City | State | ZIP |
| | | | |
| Mailing Address (if different than street address) | City | State | ZIP |
| Document Field of Membership Eligibility (Qualifying Name, Address, Accou | nt or Other) | | |
| | | | |
| | | | |
| 2 | | | |
| Responsible Individual's Legal Name | | Title/Position | |
| Responsible Individual's Legal Name | Date of Birth | | |
| Responsible Individual's Legal Name SSN | | | |
| Responsible Individual's Legal Name | | | |
| Responsible Individual's Legal Name SSN | | | ZIP |
| Responsible Individual's Legal Name SSN Phone Cell | E-mall | | ZIP |
| Responsible Individual's Legal Name SSN Phone Cell | E-mall | | ZIP |
| Responsible Individual's Legal Name SSN Phone Ceil Street Address | City City | State | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) | City City | State | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) | City City | State | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accou | City City | State | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accou | City City | State State Title/Position | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Account Address) Responsible Individual's Legal Name | City City nt or Other) | State State Title/Position | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Account A Responsible Individual's Legal Name SSN | City City nt or Other) Date of Birth | State State Title/Position | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accou | City City nt or Other) Date of Birth | State State Title/Position | |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accoudance | City City nt or Other) Date of Birth E-mail | State State Title/Position | ZIP |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accoudance | City City nt or Other) Date of Birth E-mail | State State Title/Position | ZIP |
| Responsible Individual's Legal Name SSN Phone Cell Street Address Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Accou 4 Responsible Individual's Legal Name SSN Phone Cell Street Address | City City Date of Birth E-mail City City | State State Title/Position | ZIP |

| Account Number | 2519 | |
|-----------------------|----------|--|
| | | |

RESPONSIBLE INDIVIDUAL INFORMATION (OWNERS, OFFICERS, DIRECTORS, TRUSTEES, etc.)

| 5 | | | |
|--|-------------------------|----------------|-----|
| Responsible Individual's Legal Name | | Title/Position | |
| SSN | Date of Birth | | |
| Phone Cell | E-mail | | |
| Street Address | City | State | ZIP |
| | | | |
| Mailing Address (if different than street address) Document Field of Membership Eligibility (Qualifying Name, Address, Account Field of Membership Eligibility (Qualifying Name, Address, Account Field of Membership Eligibility (Qualifying Name, Address, Account Field of Membership Eligibility (Qualifying Name, Address) | City count or Other) | State | ZIP |
| 6 | | Til 10 M | |
| Responsible Individual's Legal Name | | Title/Position | |
| SSN | | | |
| Phone Cell | E-mail | | |
| Street Address | City | State | ZIP |
| Mailing Address (if different than street address) | City | State | ZIP |
| Document Field of Membership Eligibility (Qualifying Name, Address, Acc | count or Other) | | |
| | | | |
| 7 Responsible Individual's Legal Name | | Title/Position | |
| SSN | Date of Birth | | |
| Phone Cell | | | |
| Street Address | City | State | ZIP |
| Mailing Address (if different than street address) | City | State | ZIP |
| Document Field of Membership Eligibility (Qualifying Name, Address, Acc | | | |
| | | | |
| 8Responsible Individual's Legal Name | | Title/Position | |
| | | | |
| SSN | Date of Birth | | |
| SSN Celi | | | |
| | | | ZIP |
| Phone Cell Street Address | E-mail | State | |
| Phone Cell | City | | ZIP |

| Account Number | 2519 |
|----------------|------|
| | |

AUTHORIZED SIGNERS

Any of the persons named below are authorized to issue Payment Orders in the name of the account holder to be paid from this account. These Authorized Persons are granted the authority to perform any act which they deem advisable for the effective exercise of their power to issue Payment Orders. This Authorization remains effective until we receive and have reasonable opportunity to act on any written notice of revocation of authority. IF YOU DO NOT WISH TO DESIGNATE AUTHORIZED PERSONS, LEAVE THIS SECTION BLANK.

| Authorized Person's Legal Name | | | Title/Position | | |
|--------------------------------|--------------------------|---------------------------------|--------------------------|-------------------|----------|
| DOB | SSN/ITIN | Phone | | Cell | |
| Street Address | | | | | |
| Signature X | | | /No./Expires) | | |
| Authorized Person's Legal Name | | | Title/Position | | |
| DOB | SSN/ITIN | Phone | | Cell | |
| Street Address | | | | | |
| Signature X | | ID (Issuer/Type | /No./Expires) | | |
| Authorized Person's Legal Name | | | | | |
| DOB | SSN/ITIN | Phone | | Cell | |
| Street Address | | | | | |
| Signature X | | ID (Issuer/Type | /No./Expires) | | |
| Authorized Person's Legal Name | | | Title/Position | | |
| DOB | SSN/ITIN | Phone | | Cell | |
| Street Address | | | | | |
| Signature X | | ID (Issuer/Type | /No./Expires) | | |
| ALL RESPONSIBLE INDIVIDUALS M | UST SIGN TO ADD AUTHORIZ | ED SIGNERS. ANY ONE RESPONSIBLE | E INDIVIDUAL MAY SIGN TO | REMOVE AUTHORIZED | SIGNERS. |

SECURITY PROCEDURES

The following Security Procedures are offered by America First Credit Union to verify all Payment Orders not received in person. We will follow the Security Procedure you select below (select only one):

CALL BACK – When we receive your Payment Orders, we will verify the orders by calling any of the persons listed below at the numbers you provide. Phone Phone Name Phone Phone

SECURITY QUESTIONS - When we receive your Payment Orders, we will verify the Authorized Person by asking questions not readily known to anyone but the Authorized Person. In order select this procedure, you must provide dates of birth and social security numbers for the Authorized Persons listed above.

DECLINES SECURITY PROCEDURES

In addition to any security procedure you select, we reserve the right to perform additional security measures we may deem necessary to address any risk associated with individual payment orders. We reserve this right to perform additional security measures even if we have not done so in the past for similar payments orders.

AUTHORIZATION

Definitions: In this Authorization, the words "you", "your", and "yours" mean the Account Owner that signs this Authorization. The word "account" means any account or accounts designated on this Authorization. The terms used in the Authorization have the meaning given to them in Article 4A of the Uniform Commercial Code.

Account Owner Liability: You agree to be bound by any Payment Order, whether or not authorized, issued in your name accepted by us in compliance with the Security Procedures chosen by you in this Authorization. The Authorization may not be changed by an oral authorization or by a course of dealing or custom.

Security Procedures: We will follow the Security Procedures identified in this Authorization. You agree that these procedures are commercially reasonable methods of verifying Payment Orders and other electronic funds transfers.

Uniform Commercial Code Article 4A: Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Authorization and the provisions of the Uniform Commercial Code. Notice: Notice to any Account Owner is considered notice to all Account Owners

Authorization to Accept Payment Orders: You authorize America First Credit Union to accept Payment Order requests from time to time in the manner authorized above in amounts to be specified in each request.

Payment Orders: Payment Orders Include, but are not limited to, wire transfers, checks drawn on the account, ACH debits and credits, account transfers and cash and check withdrawals. Any of the above-named Persons are authorized to request Payment Orders in the name of the account owner to be paid from the authorized account identified

These Authorized Persons are granted the authority to perform any act which they deem advisable for the effective exercise of their power to issue Payment Orders. This Authorization remains effective until we receive and have reasonable opportunity to act on any written notice or revocation of authority. This is not the document that authorizes a Payment Order or other electronic funds transfers. We may require you to complete a separate document at the time of each payment order.

AFCU Form #130 04/19

| Ac | count Number | 2519 |
|----|--------------|------|
| | | |

BUSINESS ACCOUNT APPLICATION AND ACCOUNT CARD

1. MEMBER BUSINESS/ACCOUNT OWNER. The Member Business/Account Owner name in this document is the complete and correct name of the Member Business. If applicable, all registered assumed names under which the Member Business does business are noted. Each corporate officer, partner, member or trustee (as applicable) warrants that the Member Business has been duly formed and currently exists. The Member Business is solely responsible for conducting any background check on persons they designate to represent and action their behalf, and they agree to indemnify and hold America First Credit Union harmless from the actions of Member Business agents and representatives.

- 2. AUTHORIZED PARTIES. The persons named as Responsible Individuals on this Business Account Application and Account Card are authorized to act on behalf of the Member Business with respect to accounts based upon the designated authority and Certificate of Authority set forth below.
- a. Responsible Individuals are vested with full authority to open and close accounts on behalf of the Member Business, add and remove Authorized Signers on behalf of the Member Business and transact any business of any nature on such accounts.
- Authorized Signers are vested with limited authority to transact any business on such accounts including the following, but may not make changes on or to the accounts:
 - Depositing, withdrawing and transferring funds into, out of, and between one or more accounts;
 - Signing drafts, checks and other orders for payment or withdrawal;
 - Issuing instructions regarding order for payment or withdrawal;
 - Endorsing any check, draft, share certificate and other instrument or order for payment owned or held by the Member Business;
 - . Initiating ACH Transactions and Bank Wires; and
 - · Receiving information of any nature about the account

3. CERTIFICATE OF AUTHORITY

- a. The Member Business and each Responsible Individual named on this Business Account Application and Account Card certifies and agrees that the Member Business accounts and services will be governed by the terms set forth in the Business Membership and Account Agreement and Business Account Application and Account Card, and the Rate and Fee Schedule as amended from time to time.
- b. America first Credit Union is directed to accept and pay without further inquiry, any item bearing the signature as indicated on the Business Account Application and Account Card drawn against any of the Member Business accounts. Any one Responsible Individual or Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member Business for deposit with or collection by America First Credit Union and to perform any other transaction permitted under the Agreement.
- c. The authority given to the Authorized Parties named on the Business Account Application and Account Card shall remain in full force until written notice of revocation or a new Business Account Application and Account Card is delivered to and received by America First Credit Union. Any such notice shall not affect any items in process at the time notice is given. The Member Business shall notify America First Credit Union of any change in the Member Business composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Member Business and America First Credit Union.
- The Member Business and each Authorized Party signing the Business Account Application and Account Card agree to Indemnify and hold harmless America First Credit Union.
- e. America first Credit Union shall have no duty to inquire as to the powers and duties of any Authorized Party and shall have no notice of any breach of fiduciary duties by any Authorized Party unless America First Credit Union has actual notice of wrongdoing.
- 4. LIABILITY. The Member Business agrees that America First Credit Union shall not be liable for any losses due to the Member Business failure to notify the Credit Union of such changes. The Member Business and each Authorized Party signing the Business Account Application and Account Card agree to Indemnify and hold America First Credit Union harmless of any claim or liability as a result of unauthorized acts of any Authorized Party or former Authorized Party upon which America First Credit Union relies prior to notice of any account change or change of Member Business.

BACKUP WITHOLDING AND TIN CERTIFICATION: By signing below, each Member Business Account Owner certifies, under penalties of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number(SSN)/Tax Payer Identification Number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. This account is maintained in the US; therefore, FATCA reporting is not applicable.

| the ins has had per me that I am no longer subject to buckup withholding | . This account is maintained in the 63, therefore, PATCA reporting is not applicable. |
|---|--|
| ☐ I am subject to backup withholding ☐ I am not a US Citiz | en or resident (Complete W-8 BEN) Exempt – Payee Code |
| Account will be governed by the terms and conditions set forth in the Busi Agreement and Rate and Fee Schedule and to any amendment the Crea acknowledges recipit and copy of the Agreement and Disclosures applica | agrees to all terms contained in this Business Application and Account Card and agree the Member Busines ness Membership and Account Agreement, Funds Availability Policy, Privacy Policy, Electronic Funds Transfe dit Union makes from time to time which are incorporated herein. Each Member Business Account Owne to the accounts and services requested herein. Invision of this Business Account Application and Account Card other than the certifications required to |
| X JASON RICHARD ANDERSON | ID (Issuer/Type/No./Expires) UT/DRIVERS LICENSE/ |
| x_ 7 | |
| х | ID (Issuer/Type/No./Expires) |
| х | ID (Issuer/Type/No./Expires) |
| x | ID (Issuer/Type/No./Expires) |
| х | ID (Issuer/Type/No./Expires) |
| х | ID (Issuer/Type/No./Expires) |
| х | ID (Issuer/Type/No./Expires) |
| | |

AFCU Form #130 04/19

| Account Number | | 2519 | |
|----------------|---------------------------------|------|--|
| | the second second second second | | |

CERTIFICATION OF BUSINESS OWNERS

REQUIRED FEDERAL CERTIFICATION. (The person opening a new account for a legal entity with America First Federal Credit Union must complete this certification pursuant to federal law). To help the government fight financial crime, federal law requires the Credit Union to obtain, verify and record information about the

| MEMBER INFORM Date 12/07/2022 | ATION | | Business Account Number | 2519 |
|---|--|---|---|------------------------------|
| | | Opened BLOX LENI | | |
| | for Which the Account is Being | Opened DEOX LEN | JINO ELO | |
| RESPONSIBLE IND | IVIDUAL INFORMATION | | | |
| Responsible Individu | ual's Legal Name JASON RIC | HARD ANDERSON | Title Position MEMBER | |
| | , DRAPER, UT | | | |
| 100 % Ownership | SSN/TIN | Date of Birth | DRIVERS LICENSE, UT, ID (Type, Issuer, Num | her Expiration) |
| 70 OWNERSHIP | 3311/1111 | Date of Dire | io (type, issue), trus | inci, expiration, |
| BENEFICIAL OWN | ER(S) INFORMATION | | ☐ For Additional Accounts, previous in | nformation on file & current |
| 1 Owner's Legal Nar | me_JASON RICHARD ANDE | RSON | Title Position MEMBER | |
| Street Address | , DRAPER, UT | | | |
| 100 | | | DRIVERS LICENSE, UT, | Present 🗹 Copy 🗆 |
| % Ownership | SSN/TIN | Date of Birth | ID (Type, Issuer, Number, Expiration | 1) |
| 2 Owner's Legal Nar | me | | Title Position | |
| Street Address | | | | |
| | | | | Present 🗆 Copy 🗆 |
| % Ownership | SSN/TIN | Date of Birth | ID (Type, Issuer, Number, Expiration | 1) |
| 3 Owner's Legal Nar | ne | | Title Position | |
| Street Address | | | | |
| % Ownership | SSN/TIN | Date of Birth | 10/2-1-1-1 | Present Copy |
| 76 Ownership | 33N/ 1 N | Date of Birth | ID (Type, Issuer, Number, Expiration |) |
| Owner's Legal Nan | ne | | Title Position | |
| Street Address | | | | |
| % Ownership | SSN/TIN | Date of Birth | ID (Type, Issuer, Number, Expiration | Present 🗆 Copy 🗅 |
| | | | | ., |
| above is true and con information, America | mplete and current as of the da a pirst Federal Credit Union is a | te above. Responsible indu athorized to obtain a credi | the Member, Responsible Individual and Benef vidual agrees to notify America First Credit Union t report of the Member, Responsible Individual ne accounts and services requested. | on of any changes in the |

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Page 6 of 9

| | | CREDIT I | UNION USE ON | LY Account N | lumber | 2519 | | |
|--|--------------------|----------|---------------|-----------------|--------|-------------------|------|-----|
| Received by | Aaron Goodr | ch | | Employee Number | 3995 | Approved? | ØYes | □No |
| Approved/Denied by | Aaron G | codrich | | Branch Number | 0112 | | | |
| QC by an | 1021 | | | Employee Number | 3995 | | | |
| Business | OFAC ☑ PASS | □ FAIL | | | | the second second | | |
| Responsible Individual 1 | OFAC PASS | ☐ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 2 | OFAC □ PASS | ☐ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 3 | OFAC □ PASS | ☐ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 4 | OFAC PASS | ☐ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 5 | OFAC PASS | □ FAIL | FICO N/A | | | | | |
| Responsible Individual 6 | OFAC □ PASS | □ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 7 | OFAC PASS | □ FAIL | FICO N/A | _ | | | | |
| Responsible Individual 8 | OFAC PASS | ☐ FAIL | FICO N/A | _ | | | | |
| Beneficial Owner 1 | OFAC PASS | ☐ FAIL | | | | | | |
| Beneficial Owner 2 | OFAC PASS | ☐ FAIL | | | | | | |
| Beneficial Owner 3 | OFAC □ PASS | ☐ FAIL | | | | | | |
| Beneficial Owner 4 | OFAC PASS | ☐ FAIL | | | | | | |
| Authorized Signer 1 | OFAC PASS | ☐ FAIL | | | | | | |
| Authorized Signer 2 | OFAC PASS | ☐ FAIL | | | | | | |
| Authorized Signer 3 | OFAC PASS | ☐ FAIL | | | | | | |
| Authorized Signed 4 | OFAC PASS | ☐ FAIL | | | | | | |
| | | AD | DITIONAL CON | MENTS | | | | |
| Business does hard money lending of own personal funds for real estate. Processing about 12 transactions a year. Does not conduct any property management, | | | | | | | | |
| JASON PRIMARY ACCT, OFAC, CBR NOT REQ | | | | | | | | |
| JACON FINIMANT ACCT, CEAC, CER NOT REQ | | | | | | | | |
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| | | | | | | | | |
| | | FA | CT ACT INFORM | MATION | | | | |
| OFAC for lason from current po | rimany account hel | day. | | | | | | |
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| | | | | | | | - | |

| Account Number | 2519 |
|-------------------|------|
| ACCOMILC HAIRING! | |

BUSINESS ACCOUNT QUESTIONNAIRE

| Business Name BLOX LENDING LLC | Date | 12/07/2022 |
|--------------------------------|------|------------|
|--------------------------------|------|------------|

| 1 | INTERNATIONAL TRANSACTIONS | | |
|---|--|-------|-------------|
| | Is this business incorporated outside the United States? | ☐ Yes | ™ No |
| | Does this business buy, sell products or services in countries or territories outside the United States? | ☐ Yes | ☑ No |
| | Will this business send or receive international wires as part of its normal banking activity? | ☐ Yes | ☑ No |
| 2 | OTHER TRANSACTIONS | | |
| | Will this business expect to deposit cash/coin in amounts greater than \$8,000 at one time? | □ Yes | ™ No |
| | If yes, how many times per month? | | |
| | Will this business send or receive wires within the United States as part of its normal banking activity? | ✓ Yes | □No |
| | Will this business purchase cashier's checks or money orders on a regular basis? | ☐ Yes | ™ No |
| | Will this business engage in recurring ACH transactions (incoming and/or outgoing)? | Yes | □ No |
| | Will this business use the night drop on a regular basis? | ☐ Yes | ☑ No |
| 3 | SERVICES | | |
| | Will this business physically cash checks for its customers? | ☐ Yes | ⊠ No |
| | If yes, what would be the maximum number of checks per day? | | |
| | Maximum dollar amount per check cashed? \$ | | |
| | Will your business be processing transactions on behalf of another individual or business? | ☐ Yes | ☑ No |
| | Will this business offer or sell any of the following services/products? | | |
| | Wire Transfers | ☐ Yes | ☑ No |
| | Fund Transfers | ☐ Yes | ☑ No |
| | Money Orders | ☐ Yes | ™ No |
| | Travelers Checks | ☐ Yes | ☑ No |
| | Stored Value Cards | ☐ Yes | M No |
| | Other monetary instruments | ☐ Yes | ☑ No |
| | Does this business engage in internet gambling? | ☐ Yes | ™ No |
| | Will this business be registered as a Money Service Business? | ☐ Yes | ☑ No |
| | Will this business include the retail sale, creation, marketing or testing of marijuana or marijuana-related products (Hemp, CBD, CBD Oils)? | ☐ Yes | ☑ No |
| | Is this an Adult Entertainment Business? | ☐ Yes | ☑ No |
| | Is this a Property Management Business? (If the answer is yes, the Responsible Individual must complete form #80). | ☐ Yes | ☑ No |

| Account Number | 22519 | |
|-----------------------|-------|--|
| | | |

BUSINESS ACCOUNT ENROLLMENT

Business Name BLOX LENDING LLC

| NON-PROFIT BUSINESS ACCOUNT | BASIC BUSINESS ACCOUNT | PREMIER BUSINESS ACCOUNT | HIGH-YIELD BUSINESS ACCOUNT |
|---|---|--|---|
| For Associations and Non-Profit Corporations | (Free) | (Monthly Fee: \$8.00) | (Monthly Fee: \$50.00) |
| 250 Free Items | 250 Free Items | Itemized Transaction Fees | Itemized Transaction Fees |
| \$.15 per Deposit | \$.15 per Deposit | \$.15 per Deposit | \$.15 per Deposit |
| \$.15 per Deposited Check | \$.15 per Deposited Check | \$.05 per Deposited Check | \$.05 per Deposited Check |
| \$.15 per Written Check | \$.15 per Written Check | \$.15 per Written Check | \$.15 per Written Check |
| ** Transaction Fees only apply after the first 250 items | ** Transaction Fees only apply after the first 250 items | ** Transaction Fees are offset by Earnings Credit | ** Earns High-Yield interest rate on Checking |

| he u | nde | ersigned elects to enroll in one of the following Business Account types: |
|------|-----|--|
| | | Non-Profit Business Account (for Associations and Non-Profit Corporations) |
| | | Basic Business Account (Free) |
| | | Premier Business Account (\$8.00) |
| | | High-Yield Business Account (\$50.00) |
| | | |

E-SIGN CONSENT NOTICE ONLINE STATEMENT

☑ By checking this box, you consent to receive your Periodic Statements, Annual Notice of Billing Error Rights, Privacy Notice, Annual Electronic Funds Transfer Notice and IRS 1098, 1099 and 5498 Notices electronically. Your consent to electronic documents applies to all your deposit accounts. You may access your statements as PDF documents through the Online Banking system or through Mobile Banking, which requires a web browser through your mobile device. You must have Adobe Acrobat Reader™ software to access the statements and a printer or ability to download the statements for your records. The statements for the new month will be available on the 5th of each month. You have the right to request and receive periodic statements in paper form at any time or you may withdraw your consent for online statements by contacting any branch, by calling 1-800-999-3961 or by emailing support@americafirst.com. There are no fees or account restrictions for choosing to withdraw your consent for online statements or to request a paper statement. You understand that you will also be required to log in to Online Banking (or Mobile Banking under the requirements above) to confirm your consent and ability to access online statements.

AUTHORIZATION FOR PHONE/TEXT COMMUNICATION

☑ By checking this box, I expressly consent and authorize America First Credit Union and its representatives to contact me by email, telephone (including cell phone), text message, or automated dialing communications at any number I provide the Credit Union for my accounts or services, now or in the future for purposes of assisting with my accounts, services and to prevent fraud on my account. I understand I may revoke my consent at any time by providing the Credit Union notice of my revocation.

Responsible Individual Signature Date 12/7/2022

AFCU Form #130 04/19

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Business Resolution or Authorization for Opening and Maintaining Banking

Relationship

| Name of Business BLOX LENDING LLC | | |
|--|--|--|
| Account Number 1004 | | |
| State where Organized/Registered/Principal | Place of Business NV | - M |
| TIN | | |
| Business Type: | | |
| Sole Proprietor | Corporation | Limited Liability Company |
| Partnership | Unincorporated Association | on Other |
| and maintained in the name of this Business wi | ith the Bank in accordance with the ints; that any one of the following at | s and that deposit accounts and/or time deposits (CDs) be opened terms of the Bank's Deposit Agreement and Disclosures and the athorized representatives, officers, employees, partners, members |
| Name JASON RICHARD ANDERSON | | Title/Status Managing Member |
| Name | | Title/Status |
| Name | | Title/Status |
| Name | e ex que | Title/Status |
| | | |

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

- 2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and
- 3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person



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Account Number: 1004

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

- **4. Further Resolved,** that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and
- 5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and
- 6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 7. **Further Resolved**, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and
- 8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

- 9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

- 12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and



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| Account Number: | 1004 |
|--|-------------------------------|
| A The sheet of the Decimal of the De | dustral place of business one |

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 17 day of Ace. 1076

Signature of Aphorized Business Representative / Title

| Bank In | formation |
|---------|-----------|
|---------|-----------|

Date 08/17/2020

Financial Center Name Draper

Employee's Name JAY DALE

Employee's Phone Number



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With Substitute Form W-9

BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

| Accol | unt Number: | 1004 | | | | |
|----------------------------|--|---|--|--|--|--|
| Acco | unt Type: | Checking | | Savings | Certificate of | Deposit |
| Accoi | unt Title: | BLOX LENDIN | G LLC | V - 1889 | | |
| | | | | - Canada | Andrew Control of the | |
| | | | | 301 (888) | | a de la constante de la consta |
| | ★ Individu | al Owner/Sole Pro | prietor/Single Member LLC | C Gorporation | S Gorporation | Trust/Estate |
| | Partners | hip (Enter type of | partnership): General, LP, | LLP or LLLP | | |
| c | Limited | Liability Company | (Enter tax classification: C | =C Corporation, S=S Corpo | ration, P=Partnership) _ | |
| Legal Designation | as a single-m | ember LLC that is di al tax purposes. Oth | sregarded from the owner unle | assification of the single-membe ess the owner of the LLC is and that is disregarded from the ow | other LLC that is not disrega | rded from the owner |
| egal | Other (D | efined in W-9 inst | ructions) | | | |
| | see IRS instru | codes apply only to octions for Form W-9 counts maintained o | | | f any) A reporting code (if any) | |
| | Employer Ide | ntification Number | | (or) Social Security Nu | mber | |
| TI of F: N | ne signature(s the taxpayer ailure to fully c onresident Al |) will serve as veri dentification numl omplete and retur ien (NRA) Status | ber (TIN) to which I/we wan in the signature card may in the Check this box if the acc | n in connection with this account interest reported. If the ability to receive to the ability to receive to the ability to receive to this account in the a | full FDIC deposit insuran | ce coverage. |
| Ø. | <u> </u> | | nd sign the applicable Forn - Under penalties of perjury | | | 25.41 (17.74 (17 |
| 1. ² . I | The number sh am not subject nternal Reven C) the IRS hat am a U.S. citi | nown on this form to backup withhoue Service (IRS) to sometimes notified me that zen or other U.S. | is the correct taxpayer ider olding because: (A) I am en hat I am subject to backup I am no longer subject to b person (Defined in the W-S | ntification number (or I am w xempt from backup withhold withholding as a result of a ackup withholding; and | ling, or (B) I have not bee failure to report all intere | en notified by the |
| Certi failed | I to report all intere | st and dividends on yo | ur tax return. (Please refer to the I | | | |
| | The IRS do | es not require your co | nsent to any provision of this d | ocument other than the certificati | ons required to avoid backup | withholding. |
| | Printed | Name | Title (if applicable) | Signa | iture | Date |
| JASON | RICHARD AND | ERSON | Managing Member | As Ol | | 8-17-002 |
| | | | | | | |
| | | | | | | |
| | *************************************** | | | | | |

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE Financial Center: Draper

Bank Number: 343 Date: 08/17/2020



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Business Resolution or Authorization for Opening and Maintaining Banking Relationship

| Name of Business BLOX LENDING LLC | | |
|---|--|---|
| Account Number 1020 | A STATE OF THE STA | |
| State where Organized/Registered/Principa | l Place of Business NV | |
| TIN | | |
| Business Type: | | |
| Sole Proprietor | Corporation | X Limited Liability Company |
| Partnership | Unincorporated Association | on Other |
| and maintained in the name of this Business w | ith the Bank in accordance with the unts; that any one of the following a | s and that deposit accounts and/or time deposits (CDs) be opened terms of the Bank's Deposit Agreement and Disclosures and the uthorized representatives, officers, employees, partners, members, |
| Name JASON RICHARD ANDERSON | | Title/Status Managing Member |
| Name | | Title/Status |
| Name | | Title/Status |
| Name | | Title/Status |
| | | |

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

- 2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and
- 3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person



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Account Number: 1020

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

- **4. Further Resolved,** that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and
- 5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and
- 6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and
- 8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

- 9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

- 12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and



Date: 8/18/2020 Time: 1:09:29 PM (US Central Time) Scanned From IP:10.123.88.10 Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.929 Page 45 of 211

| | Account Number: 020 | |
|--|---|--------|
| 14. That the undersigned has signed, acknowledged and filed in the proper office | fice of the state of the Business's principal place of business any | |
| document(s) which may be required by the laws of said state to be filed by a pe | person doing business under a fictitious or assumed name, if applie | cable. |

Signature of John District Business Representative / Title

| Bank | Information | |
|------|-------------|---|
| | | _ |

Date 08/17/2020

Financial Center Name Draper

Employee's Name JAY DALE

Employee's Phone Number



Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 Page ID:10 123 88.10 Rusiness Signature Card

| | NK OF AME | RICA /// N.A. (THE "BANK" | with Substitu | ite Form W-9 | | |
|-------------------------------|--|---|---|--|--|--|
| | unt Number: | 1020 | 5 | | | |
| Acco | unt Type: | Checking | X Savi | ngs | Certificate of | of Deposit |
| Acco | unt Title: | BLOX LENDIN | NG LLC | | | - Marine and the second and the seco |
| | | | | | | |
| | X Individua | il Owner/Sole Pro | pprietor/Single Member LLC | C Corporation | S Corporation | Trust/Estate |
| | Partners | hip (Enter type o | f partnership): General, LP, LLP | or LLLP | | |
| 5 | Limited L | iability Company | (Enter tax classification: C=C 0 | Corporation, S≕S Corpo | ration, P=Partnership) | |
| Designatic | Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is class as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is another LLC that is not disregarded from the owner should check the appropriate box for the classification of its owner. Other (Defined in W-9 instructions) | | | | | garded from the owner |
| -ega | Other (D | efined in W-9 ins | tructions) | | | |
| | | | certain entities, not individuals; | Exempt payee code (if | 1904 | |
| | | ctions for Form W-9 counts maintained (| | Exemption from FATC | A reporting code (if any) _ | |
| | Employer Iden | tification Number | | (or) Social Security Nu | mber | |
| • To Ag • The Ag • The of | o open this acc his account is a greement and I he Bank may cl greement inclu- he signature(s) f the taxpayer in ailure to fully co- onresident Ali | ount and unders and will be govern Disclosures and thange these doc des a provision for will serve as ver dentification num promplete and retur en (NRA) Status | e, agree and consent: fand this does not change or replaced by the terms and conditions the Business Schedule of Fees uments at any time by adding no or alternative dispute resolution ification for any transaction in color (TIN) to which I/we want intended the signature card may impact s: Check this box if the account and sign the applicable Form(s) \ | s set forth in the account and I/we are in receipt of ew terms, or deleting or onnection with this account erest reported. ct the ability to receive for holder of this account is | t opening documents, of these documents. amending existing ter ount, and as the certifical FDIC deposit insura | including the Deposit rms. The Deposit cation (set forth below) ance coverage. |
| Subs | stitute Form W | -9: Certification | Under penalties of perjury, I ce | ertify that: | | |
| 2. (3. 4. | am not subject nternal Revenu (C) the IRS has am a U.S. citiz The FATCA coo fication Instruction | t to backup withh se Service (IRS) notified me that ten or other U.S. de(s) entered on ns: You must cross o | is the correct taxpayer identificate olding because: (A) I am exempthat I am subject to backup with I am no longer subject to backuperson (Defined in the W-9 instantistic form (if any) indicating that but item 2 above if you have been notified our tax return. (Please refer to the IRS instantial) | ot from backup withholdi holding as a result of a to p withholding; and ructions); and I am exempt from FATC by the IRS that you are curren | ng, or (B) I have not be failure to report all inte | een notified by the rest or dividends, or |
| lanco | * | 20) | onsent to any provision of this docum | (C) (MA | ons required to avoid back | up withholding. |
| | Printed N | lame | Title (if applicable) | // Signa | ture | Date |
| JASON | RICHARD ANDE | | Managing Member | M.H. | | 8-17-2000 |
| | Compression of the filler | 23, 5929 | | 1 Strains | · · · · · · · · · · · · · · · · · · · | - , , |

| Printed Name | Title (if applicable) | Signature | Date |
|------------------------|-----------------------|-----------|-----------|
| JASON RICHARD ANDERSON | Managing Member | Mill | 8-17-2000 |
| | | 200 | |
| | | | |
| | | | |
| | | | |

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE Financial Center: Draper

Bank Number: 343 Date: 08/17/2020



Date: 8/18/2020 Time: 1:09:29 PM (US Central Time) Scanned From IP:10,123,88,10 Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.931 Page 47 of 211



Business Resolution or Authorization for

Opening and Maintaining Banking Relationship

| Name of Business BLOX LENDING LLC | |
|--|--|
| Account Number 3814 | |
| State where Organized/Registered/Principal Place of Business NV | |
| TIN | |
| Business Type: | |
| Sole Proprietor Corporation | X Limited Liability Company |
| Partnership Unincorporated A | ssociation Other |
| 1. Resolved, that (the "Bank") is hereby designated as a depository of the and maintained in the name of this Business with the Bank in accordance applicable rules and regulations for such accounts; that any one of the foll managers, as applicable ("Authorized Person"): | with the terms of the Bank's Deposit Agreement and Disclosures and the |
| Name JASON RICHARD ANDERSON | Title/Status Managing Member |
| Name | Title/Status |
| Name | Title/Status |
| Name | Title/Status |

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

- 2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and
- 3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person



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Account Number: 3814

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

- 4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and
- 5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and
- 6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and
- 8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations. as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

- 9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

- 12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and



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| Account Number:814 | |
|---|---------------------------|
| 14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal pla | ace of business any |
| document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or ass | sumed name, if applicable |

Signature of Adthorized Business Representative / Title

| Bank Information | | | | |
|-----------------------|------------|--|--|--|
| Date | 08/17/2020 | | | |
| Financial Center Name | Draper | | | |
| Employee's Name | JAY DALE | | | |

Employee's Phone Number



Date: 8/18/2020 Time: 1:09:29 PM (US Central Time) Scanned From IP:10,123,88,10

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with Substitute Form W-9

BANK OF AMERICA

| | OF AMERICA, Int Number: | N.A. (THE "BANK") 3814 | _ | | |
|--|---|--|---|--|---|
| Accou | ınt Type: | Checking | Savi | ings | Certificate of Deposit |
| Accou | int Title: | BLOX LENDING | T LDC | | |
| Legal Designation | Partners Limited I Note: Check t as a single-me for U.S. federa classification of | hip (Enter type of planting company (ne appropriate box in ember LLC that is dis al tax purposes. Othe | regarded from the owner unless the rwise, a single-member LLC that i | Corporation, S=S Corpora cation of the single-member of the owner of the LLC is anoth | S Corporation Trust/Estate ation, P=Partnership) bwner. Do not check LLC if the LLC is classified er LLC that is not disregarded from the owner er should check the appropriate box for the tax |
| | see IRS instru | codes apply only to coctions for Form W-9) counts maintained ou | ertain entities, not individuals; itside the U.S.) | | ny)reporting code (if any) |
| | Employer idea | ntification Number | | (or) Social Security Num | ber |
| • The Ag • The of of Fa | ne Bank may of greement include signature(s) the taxpayer in illure to fully concesident Al | thange these doculudes a provision for will serve as verifudentification numbomplete and returnien (NRA) Status: | alternative dispute resolution ication for any transaction in cer (TIN) to which I/we want into the signature card may impa | new terms, or deleting or a connection with this accounterest reported. ct the ability to receive full | amending existing terms. The Deposit ant, and as the certification (set forth below) If FDIC deposit insurance coverage. a non U.S. entity/person (NRA) for U.S. tax |
| Subs 1. T 2. I 1. (3. I 4. T | The number sham not subject the IRS has am a U.S. citic the FATCA confictation instruction to report all interests. | V-9: Certification – frown on this form is to backup withho ue Service (IRS) the s notified me that I zen or other U.S. p de(s) entered on the ons: You must cross out st and dividends on you | Under penalties of perjury, I can the correct taxpayer identificated in the correct taxpayer identificated in the subject to backup with a man olonger subject to backup erson (Defined in the W-9 instances form (if any) indicating that item 2 above if you have been notified tax return. (Please refer to the IRS in | ertify that: ation number (or I am wai pt from backup withholdin sholding as a result of a fa up withholding; and tructions); and I am exempt from FATCA by the IRS that you are currentl structions for Form W-9). | ting for a number to be issued to me); and g, or (B) I have not been notified by the illure to report all interest or dividends, or A reporting is correct. It is subject to backup withholding because you have the required to avoid backup withholding. |
| | Printed | Name | Title (if applicable) | Signatu | ure Date |
| JASON | RICHARD AND | ERSON | Managing Member | Ab . | 8-17-2010 |
| | | | | | |

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE Financial Center: Draper

Bank Number: 343 Date: 08/17/2020



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BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

| ccount I | Number: | |
|---|---|--|
| | re Organized/Registered/Principal Place of Busines | UT |
| | fication Number: | |
| | - | |
| usiness | ASSESSMENT OF THE PROPERTY OF | ☐ C Corporation ☐ S Corporation ☐ Trust/Estate |
| 20-20 | Partnership (Enter type of partnership): General, LP, Ll | NATION NOTE THE SECURIOR SECUR |
| | imited Liability Company (Tax classification: C=C Corp | No. 100 |
| | | |
| Ц | Other: | |
| depo "Acco appli "Res | sit account, including without limitation, time, demand, bunts") may be opened and maintained in the name of cable Deposit Agreement, rules and regulations for suc plution"), by any one (1) of the following authorized rep | ignated as a depository for the funds of the Business; that any type savings, and negotiable order of withdrawal accounts (generally, the Business with the Bank in accordance with the terms of the ch accounts and this Business Resolution and Authorization (the presentatives, officers, employees, partners, members, managers or |
| depo "Acce appli "Rese agen | sit account, including without limitation, time, demand, bunts") may be opened and maintained in the name of cable Deposit Agreement, rules and regulations for suc | savings, and negotiable order of withdrawal accounts (generally, the Business with the Bank in accordance with the terms of the ch accounts and this Business Resolution and Authorization (the presentatives, officers, employees, partners, members, managers of MANACTNG MEMBER |
| depo "Acco appli "Reso agen | sit account, including without limitation, time, demand, bunts") may be opened and maintained in the name of cable Deposit Agreement, rules and regulations for substitution"), by any one (1) of the following authorized reputs (each an "Authorized Person"): JOSEPH ANTHONY MARTINEZ JR | savings, and negotiable order of withdrawal accounts (generally, the Business with the Bank in accordance with the terms of the ch accounts and this Business Resolution and Authorization (the presentatives, officers, employees, partners, members, managers of Title/Status MANAGING MEMBER |
| depo "Accor appli "Reso agen Nam | sit account, including without limitation, time, demand, bunts") may be opened and maintained in the name of cable Deposit Agreement, rules and regulations for sucolution"), by any one (1) of the following authorized rep | savings, and negotiable order of withdrawal accounts (generally, the Business with the Bank in accordance with the terms of the ch accounts and this Business Resolution and Authorization (the presentatives, officers, employees, partners, members, managers of a Title/Status MANAGING MEMBER Title/Status |
| depo "Acco appli "Ress agen Nam Nam | sit account, including without limitation, time, demand, bunts") may be opened and maintained in the name of cable Deposit Agreement, rules and regulations for succlution"), by any one (1) of the following authorized rep | savings, and negotiable order of withdrawal accounts (generally, the Business with the Bank in accordance with the terms of the ch accounts and this Business Resolution and Authorization (the presentatives, officers, employees, partners, members, managers of title/Status MANAGING MEMBER Title/Status |

or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

Further Resolved, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit
accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R.
Part 2005), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by,
the Business.

00-15-9120D 11-2021

Associate Name: Aaron PapaDakis Financial Center: Downtown SLC

NID

Page 1

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BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

Account Number: 8630

- 3. Further Resolved, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
- 4. Further Resolved, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
- 5. Further Resolved, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
- Further Resolved, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time
 hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other
 documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.

| gar | 07/12/2022 |
|----------------------------|------------|
| JOSEPH ANTHONY MARTINEZ JR | Date |
| MANAGING MEMBER | |

00-15-9120D 11-2021

Associate Name: Aaron PapaDakis Financial Center: Downtown SLC

NID

BANGE AMERICA 10462-RJS-DBP Dogument 3 in a tile of 2/26/23 PageID.937 Page 53 of 211

| BAN | IK OF AMERICA | , N.A. (THE "BANK" | with Substitu | ute Form W-9 | | |
|--|--|--|--|--|--|--|
| Acco | unt Number: | 8630 | | | | |
| Account Type: Checking | | ☐ Sav | ☐ Savings | | of Deposit | |
| Account Title: IX GLOBAL LLC | | | | | | |
| | ☐ Partners | hip (Enter type of | prietor/Single Member LLC partnership): General, LP, LLP | | S Corporation | ☐ Trust/Estate |
| Legal Designation | Note: Check the as a single-me for U.S. federa classification of | ne appropriate box i ember LLC that is di al tax purposes. Oth f its owner, | (Enter tax classification: C=C on the line above for the tax classific sregarded from the owner unless the erwise, a single-member LLC that in the control of the control o | cation of the single-member ne owner of the LLC is ano | r owner. Do not check LL ther LLC that is not disre | LC if the LLC is classified |
| - | see IRS instru | odes apply only to octions for Form W-9 counts maintained o | | Exempt payee code (if Exemption from FATC/ | any) A reporting code (if any) | |
| 2.8 | Employer Iden | tification Number | | (or) Social Security Nur | mber | |
| • To The Asian Asi | o open this acc nis account is a greement and I ne Bank may of greement inclu- ne signature(s) the taxpayer in ailure to fully co- onresident Ali urposes. Have | ount and understand will be govern Disclosures and the hange these docudes a provision for will serve as verification number properties and return them complete and them complete architem comp | e, agree and consent: and this does not change or reped by the terms and conditions the Business Schedule of Fees terments at any time by adding not alternative dispute resolution. fication for any transaction in color (TIN) to which I/we want intention the signature card may impact the Check this box if the account and sign the applicable Form(s) | set forth in the account and I/we are in receipt of the ew terms, or deleting or annection with this accorderest reported. In the ability to receive further of this account is N-8. | opening documents, in of these documents. amending existing ter unt, and as the certifical all FDIC deposit insura | including the Deposit rms. The Deposit cation (set forth below) ance coverage. |
| Subs | stitute Form W | /-9: Certification – | Under penalties of perjury, I co | ertify that: | | |
| 2. I (3. I 4. 1 | am not subject nternal Revenu C) the IRS has am a U.S. citize The FATCA coo | t to backup withhous Service (IRS) the service (IRS) the notified me that the sen or other U.S. places) entered on the service of the service | s the correct taxpayer identificated by the correct taxpayer identificated by the correct taxpayer identificated by the correct taxpayer identification in the well and the well in the well in the well in the well in the form (if any) indicating that | ot from backup withholdi holding as a result of a f p withholding; and ructions); and I am exempt from FATC | ing, or (B) I have not b failure to report all inte CA reporting is correct. | peen notified by the erest or dividends, or |
| Certii failed | to report all interes | st and dividends on you | t item 2 above if you have been notified or tax return. (Please refer to the IRS ins onsent to any provision of this docum | structions for Form W-9). | | |
| | Printed N | Jame | Title (if applicable) | /Signal | ture | Date |
| Jos | seph Anthony | | Managing Member | Signal | 5010 | 1//28/22 |
| | 3 1 W | | | 1 | | 11/20/22 |
| | 0 80 1992 | | | | | |

| Printed Name | Title (if applicable) | Signature | Date |
|---|-----------------------|--|-------------------|
| Joseph Anthony Martinez Jr. | Managing Member | 140 | 11/28/22 |
| 2 | | | |
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00-14-9297M 05-2021

Associate Name: Anton Mayzus Financial Center: Centerville

Bank Number: 343 Date: 11/28/2022



with Substitute Form W-9 BANK OF AMERICA Account Number: Savings X Checking Certificate of Deposit Account Type: IX GLOBAL LLC Account Title: C Corporation | S Corporation Individual Owner/Sole Proprietor/Single Member LLC Trust/Estate Partnership (Enter type of partnership): General, LP, LLP or LLLP Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) Legal Designation Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (Defined in W-9 instructions) _ Exemptions (codes apply only to certain entities, not individuals; Exempt payee code (if any) see IRS instructions for Form W-9) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.) Employer Identification Number (or) Social Security Number By signing below, I/we acknowledge, agree and consent: To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America. This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents. The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution. The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported. Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage. Nonresident Alien (NRA) Status: Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8. Substitute Form W-9: Certification - Under penalties of perjury, I certify that:

- 1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| Printed Name | Title (if applicable) | Signature | Date |
|----------------------------|-----------------------|-----------|------------|
| JOSEPH ANTHONY MARTINEZ JR | MANAGING MEMBER | fire | 07/12/2022 |
| | | *** | |
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00-15-9297D 11-2021 NTD

Associate Name: Aaron PapaDakis Financial Center: Downtown SLC

Bank Number: 343 Date: 07/12/2022 BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

| Nam | e of Business: TX GLOBAL LLC | |
|-------|---|---|
| Acc | ount Number: | |
| State | UT where Organized/Registered/Principal Place of Business: | |
| Гах | Identification Number: | |
| Busi | ness Type: | Comparation |
| | ☐ Individual Owner/Sole Proprietor/Single Member LLC ☐ C ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | |
| | ☑ Limited Liability Company (Tax classification: C=C Corporation, ☑ Other: | S=S Corporation, P=Partnership) |
| 1. | Resolved, that Bank of America (the "Bank") is hereby designated a deposit account, including without limitation, time, demand, savings, "Accounts") may be opened and maintained in the name of the Busir applicable Deposit Agreement, rules and regulations for such accour "Resolution"), by any one (1) of the following authorized representating agents (each an "Authorized Person"): | and negotiable order of withdrawal accounts (generally, ness with the Bank in accordance with the terms of the atts and this Business Resolution and Authorization (the |
| | JOSEPH ANTHONY MARTINEZ JR Name | Title/Status MANAGING MEMBER |
| | Name | Title/Status |
| | may individually without the Bank obtaining consent from any other | Authorized Person, conduct affairs with the Bank on behalf |

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

Further Resolved, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit
accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R.
Part 2005), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by,
the Business.

00-15-9120D 11-2021

Associate Name: Aaron PapaDakis
Financial Center: Downtown SLC

Confidential Treatment Requested by BANA under FOIA

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BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

Account Number: 8643

- 3. Further Resolved, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
- 4. Further Resolved, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
- 5. Further Resolved, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
- Further Resolved, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time
 hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other
 documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.

| 07/12/2022 |
|------------|
| Date |
| |
| |

00-15-9120D 11-2021

NTD

Associate Name: Aaron PapaDakis Financial Center: Downtown SLC

Confidential Treatment Requested by BANA under FOIA

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| | NK OF AME | 20.462 | with Substitute Form W-9 | 726723 PageID.941 Page 57 01 211 |
|--|---|---|--|--|
| Accou | ınt Number: | 8643 | | |
| Accou | ınt Typ e : | X Checking | Savings | Certificate of Deposit |
| Account Title: | | IX GLOBAL LLC | | |
| T | | | | |
| Legal Designation | Partnersl X Limited L Note: Check th as a single-me for U.S. federa classification o | iability Company (Ente e appropriate box in the li mber LLC that is disregard I tax purposes. Otherwise f its owner. | ership): General, LP, LLP or LLLP r tax classification: C=C Corporation, S= ne above for the tax classification of the singleded from the owner unless the owner of the L | e-member owner. Do not check LLC if the LLC is classified LC is another LLC that is not disregarded from the owner om the owner should check the appropriate box for the tax |
| | see IRS instruc | odes apply only to certain tions for Form W-9) ounts maintained outside | Exemption fr | ee code (if any) om FATCA reporting code (if any) |
| 36 | Employer Iden | tification Number | (or) Social Se | ecurity Number |
| • To Ag • Th Ag • Th of | o open this account is a greement and I ne Bank may che Bank may che greement include signature(s) the taxpayer is a fully coonersident Ali | and will be governed by Disclosures and the Bu nange these document des a provision for alter will serve as verification number (Tomplete and return the sen (NRA) Status: Che | nis does not change or replace any exist the terms and conditions set forth in the siness Schedule of Fees and I/we are in at any time by adding new terms, or demative dispute resolution. In for any transaction in connection with I/we want interest reported. Signature card may impact the ability to | eleting or amending existing terms. The Deposit this account, and as the certification (set forth below) |
| 1. 7 2. I I (3. I 4. 7 | The number sho am not subject nternal Revenu C) the IRS has am a U.S. citiz The FATCA coo fication Instruction to report all interes | own on this form is the to backup withholding to Service (IRS) that I a notified me that I am neen or other U.S. personde(s) entered on this forms: You must cross out item 2 to and dividends on your tax re | because: (A) I am exempt from backup am subject to backup withholding as a re o longer subject to backup withholding; n (Defined in the W-9 instructions); and rm (if any) indicating that I am exempt fro above if you have been notified by the IRS that you eturn. (Please refer to the IRS instructions for Form | om FATCA reporting is correct. u are currently subject to backup withholding because you have |
| | | | | - 10 - 10H |

| Printed Name | Title (if applicable) | Signature | Date |
|----------------------------|-----------------------|-----------|------------|
| JOSEPH ANTHONY MARTINEZ JR | MANAGING MEMBER | Gar | 07/12/2022 |
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00-15-9297D 11-2021 NID Associate Name: Aaron PapaDakis Financial Center: Downtown SLC Bank Number: 343 Date: 07/12/2022 BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

| Nam | e of Business: IX GLOBAL LLC | | | | |
|-------|--|---|--|--|--|
| Acco | ount Number: | | | | |
| | where Organized/Registered/Principal Place of Business: | | | | |
| Tax I | dentification Number: | | | | |
| Busi | Business Type: Individual Owner/Sole Proprietor/Single Member LLC | | | | |
| | ☐ Partnership (Enter type of partnership): General, LP, LLP of LLLF ☐ Limited Liability Company (Tax classification: C=C Corporation, S ☐ Other: | =S Corporation, P=Partnership) | | | |
| | 1. Resolved, that Bank of America (the "Bank") is hereby designated as a depository for the funds of the Business; th deposit account, including without limitation, time, demand, savings, and negotiable order of withdrawal accounts ("Accounts") may be opened and maintained in the name of the Business with the Bank in accordance with the term applicable Deposit Agreement, rules and regulations for such accounts and this Business Resolution and Authoriza "Resolution"), by any one (1) of the following authorized representatives, officers, employees, partners, members, ragents (each an "Authorized Person"): | | | | |
| | JOSEPH ANTHONY MARTINEZ JR Name | Title/Status MANAGING MEMBER | | | |
| | Name | Title/Status | | | |
| | Name | Title/Status | | | |
| | Name | Title/Status | | | |
| | Name | Title/Status | | | |
| | may individually without the Bank obtaining consent from any other A | uthorized Porson, conduct affairs with the Book on hehalf | | | |

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

Further Resolved, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit
accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R.
Part 2005), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by,
the Business.

00-15-9120D 11-2021

Associate Name: Aaron PapaDakis
Financial Center: Downtown SLC

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BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

Account Number: 8656

- 3. Further Resolved, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
- 4. Further Resolved, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
- 5. Further Resolved, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
- Further Resolved, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time
 hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other
 documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.

| Gar | 07/12/2022 |
|----------------------------|------------|
| JOSEPH ANTHONY MARTINEZ JR | Date |
| MANAGING MEMBER | |

00-15-9120D 11-2021

Associate Name: Aaron PapaDakis Financial Center: Downtown SLC

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|--|---|---|--|---|---|--|
| Account N | umber: | 8656 | | | | |
| Account Ty | ур е : | Checking | X Savin | gs | Certificate | of Deposit |
| Account Ti | itle: | IX GLOBAL LLC | | | | |
| T | | | | | | |
| | | Owner/Sole Proprietor, ip (Enter type of partne | /Single Member LLC ership): General, LP, LLP (| C Corporation | S Corporation | Trust/Estate |
| ign as a solution in the solut | e: Check the a single-mer J.S. federal ssification of | e appropriate box in the lin nber LLC that is disregard tax purposes. Otherwise, its owner. | tax classification: C=C Cone above for the tax classification the above for the tax classification the form the owner unless the a single-member LLC that is | tion of the single-member e owner of the LLC is ano disregarded from the own | owner. Do not check L ther LLC that is not disn | LC if the LLC is classified egarded from the owner |
| Exe see | IRS instruc | des apply only to certain e tions for Form W-9) ounts maintained outside t | | Exempt payee code (if Exemption from FATC) | 7928: ID | |
| Emp | ployer Identi | ification Number | | (or) Social Security Nu | mber | _ |
| To ope This ac Agreen The Ba Agreen The sig of the to Failure | n this acco ecount is an nent and D ink may ch nent includ jnature(s) axpayer id to fully co | nd will be governed by pisclosures and the Bust ange these documents les a provision for altern will serve as verification entification number (TII mplete and return the s | is does not change or rep the terms and conditions siness Schedule of Fees a s at any time by adding ne native dispute resolution, n for any transaction in co N) to which I/we want inte signature card may impact | set forth in the account and I/we are in receipt of the terms, or deleting or the thing according to the ability to receive for the account and the | t opening documents of these documents. amending existing to bunt, and as the certifull FDIC deposit insu | , including the Deposit erms. The Deposit ication (set forth below) rance coverage. |
| | | | ck this box if the account he the applicable Form(s) W | | a non U.S. entity/pe | rson (NRA) for U.S. tax |
| | | | r penalties of perjury, I ce | | alding the growth of | les inquedite V |
| The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issed. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been related internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of (C) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | | | been notified by the erest or dividends, or | | | |
| failed to rep | ort all interest | and dividends on your tax ret | above if you have been notified k turn. (Please refer to the IRS inst | ructions for Form W-9). | | |
| 1 | he IRS does | not require your consent to | any provision of this docume | nt other than the certification | ons required to avoid bac | kup withholding. |

| Printed Name | Title (if applicable) | Signature | Date |
|----------------------------|-----------------------|-----------|------------|
| JOSEPH ANTHONY MARTINEZ JR | MANAGING MEMBER | Gar | 07/12/2022 |
| | | | |
| | | | |
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00-15-9297D 11-2021 NID Associate Name: Aaron PapaDakis Financial Center: Downtown SLC Bank Number: 343 Date: 07/12/2022 Date: 11/14/2019 Time: 11:04:56 AM (US Central Time) Scanned From IP:10.123,88.9

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.945 Page 61 of 211

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Business Resolution or Authorization for Opening and Maintaining Banking Relationship

| ** | | Kerationship |
|--|--|---|
| Name of Business UIU HOLDINGS LLC | | |
| Account Number 0882 | | a . |
| State where Organized/Registered/Principal | Place of Business DE | |
| TIN | | |
| Business Type: | | |
| Sole Proprietor | Corporation | X Limited Liability Company |
| Partnership | Unincorporated Association | on Other |
| and maintained in the name of this Business wi | th the Bank in accordance with the nts; that any one of the following a | ss and that deposit accounts and/or time deposits (CDs) be opened terms of the Bank's Deposit Agreement and Disclosures and the uthorized representatives, officers, employees, partners, members |
| Name JASON RICHARD ANDERSON | | Title/Status MANAGING MEMBER |
| Name | | Title/Status |
| Name | | Title/Status |
| Name | | Title/Status |

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

- 2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and
- 3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person



Date: 11/14/2019 Time: 11:04:56 AM (US Central Time) Scanned From IP:10.123.88.9

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Account Number: _____0882

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

- 4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and
- 5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and
- 6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and
- 8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

- 9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and
- 10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

- 12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and
- 13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and

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Date: 11/14/2019 Time: 11:04:56 AM (US Central Time) Scanned From IP:10.123.88.9

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| , | • | | Account Number: 0882 |
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14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization,

this 13 day of Nay 2019

Mature of Authorized Business Representative// Title

Date 11/13/2019
Financial Center Name Draper

Employee's Name Edward Navarrete

Employee's Phone Number



Date: 11/14/2019 Time: 11:04:56 AM (US Central Time) Scanned From IP:10.123.88.9

Case 2:23-cv-00482-RJS-DBP

Document 3-10 Filed 07/26/23 PageID.948 Page 64 of 211 with Substitute Form W-9

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BANK OF AMERICA BANK OF AMERICA, N.A. (THE "BANK")

| Account Number: | 0882 | | | | es |
|--|--|--|--|--|--|
| Account Type: | Checking | | Savings | Certificate | of Deposit |
| Account Title: | UIU HOLDINGS LLC | | 1 | | |
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| | NAME OF TAXABLE PARTY. | | 2 Acceptance Total | | |
| | | prietor/Single Member LLC | | ation S Corporation | Trust/Estate |
| | | partnership): General, LP, | | | |
| E Limited | | | | Corporation, P=Partnership nember owner. Do not check L | |
| as a single-m | ember LLC that is di ral tax purposes. Oth | sregarded from the owner unl | ess the owner of the LLC | is another LLC that is not disre the owner should check the ap | egarded from the owner |
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| The Bank may Agreement incl The signature(s of the taxpayer Failure to fully o | change these doc udes a provision for s) will serve as ver identification num complete and return tien (NRA) Status | or alternative dispute resol ification for any transactior ber (TIN) to which I/we wa rn the signature card may i | ing new terms, or dele ution. In in connection with thi interest reported. impact the ability to recount holder of this account holder of | ting or amending existing to s account, and as the certificeive full FDIC deposit insu count is a non U.S. entity/pe | fication (set forth below) rance coverage. |
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| failed to report all inter | est and dividends on yo | our tax return. (Please refer to the | IRS instructions for Form W- | | |
| The IRS do | oes not require your c | onsent to any provision of this o | document other than the ce | rtifications required to avoid bac | kup withholding. |
| Printed | Name | Title (if applicable) | 111 | Signature | Date |
| JASON RICHARD AND | DERSON | MANAGING MEMBER | ff of | le | Nov 13 2019 |
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Associate Name: Edward Navarrete Financial Center: Draper

Bank Number: 343 Date: 11/13/2019



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| ACCOUNT TITLE ("DEPOSITO CALMES & CO INC. | R*) (DBA(s) on the following page(s) if applicable) | ACCOUN ACC TAXPAYER DA | TO NUMBER Chase Performance B ID NUMBER TE OPENED 07/13/2021 | usiness Checking |
| BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY, UT 84092-4163 | | | FBUSINESS S-Corporation ISSUED BY JPMorgan Chase Bani Sandy Little Cottonwor ARYN R NELSON (801) 601-5163 | |
| | | | 07/13/2021 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | 07/17/2020 | EXPIRATION DATE 07/31/2022 |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| Account Agreement or other applicable | obtain credit reports on the Depositor. The Depositor ack account agreement, which include all provisions that a ant analysis and other treasury management services if a a amended from time to time. "TELEPHONE NUMBER TAXP | pply to this deposit account, and oth pplicable, and agree to be bound by the | er service your accounts. Messa | om componies working on our behalf to ge and deta refes may apply. You may see preferences. SIGNATYRE |
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| SPECS SOUS III | | Page 1 | | M1207-01-13-CS (11/20) |

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| identification 1) Driver's License 2) None | | (D. Number | | tasuer UT | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| Account Numbers: | 2788 | | | | | |
| 5549 | 893 | | | | | |
| Please and the following signer to this accounts Name of the Signer to Add | listed below (other authorized signers or | record do not change): Title | | Signa | ature | Date |
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| or a Corporation or Unincorporated secciation or Organization: | For Sole Proprietorship: | | For Parksership or Limited | Liability Company | For Government Entity: 2/2/2021 | |
| | Date Owner/Sole Proprietor | Date | Partner/Member/Manager | · | Date Certifying Official | Date |
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Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)

ACCOUNT NUMBER
ACCOUNT TYPE
TAXPAYER ID NUMBER
DATE OPENED
FORM OF BUSINESS
ISSUED BY



BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY,UT 84092

| PRIMARY ID TYPE | PRIMARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
|-------------------|---------------------|--------|---|-----------------|
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| | | | *************************************** | |

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all increasary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, a its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

| PRINTED NAME | TAXPAYER ID # | TITLE | DATE | SIGNATURE |
|---------------|---------------|-----------|------------|--|
| KORY R CALMES | | President | 05/04/2021 | Electronically signed by:KORY R CALMES |
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| ACCOUNT TITLE ("DEPOSITO CALMES & CO INC. | OR") (DBA(s) on the following page(s) if applicable | le) ACCOL AC TAXPAYER D | JNT NUMBER 893 COUNT TYPE Cheese Business R ID NUMBER 871 ATE OPENED 07/13/2021 DF BUSINESS S-Corporation | Premier Savings |
| BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY, UT 84092-4163 | | | JPMorgan Chas Sandy Little Col ARYN R NELSO (801) 601-5163 07/13/2021 | tonwood - 412 |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | 1\$SUANCE DATE 07/17/2020 | EXPIRATION DATE 07/31/2022 |
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| IAME OF BUSINESS CALMES & | CO INC | i. | | | | WALPALDER IN LO | |
| USINESS ADDRESS 10081 S R | OCK/IE | ALDO CANDY LIT 94002 | 4103 | | | TAXPAYER ID NO | |
| RANCH NAME AND NO. SANDY | | | 4103 | BANK NO. 602 | | BRANCH PHONE NO. (8 | 011 481-8249 |
| VITEROFFICE MAILCODE UT1-70 | ************* | PREPARED BY: NAME | TAYLOR POWEL | *************************************** | | · notes | TE: 12/02/2021 |
| Please add the following signer to the accoun | | | | | | | TIE. TECHNICALI |
| Name of the Signer to Add CHADWICK H CALMES | | Total danients afficient of record | Title SIGNER | | Signa | Calmer- | Dec. 2, 202 |
| identification 1) Driver's License 2) None | | | ID Number | | fasuer UT | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| Account Numbers: | | 788 | T | | | | |
| 3549 | | 893 | | | | | |
| Please add the following signer to this account Name of the Signer to Add | its listed belo | w (other authorized signers on record | do not change): Title | | Signa | ture | Date |
| dentification | | | {D Number | | Issuer | Issuance Date | Expiration Date |
| Account Numbers: | | *************************************** | | | | | |
| Please add the following signer to the accoun | ats listed belo | ny Inthar as thorizon simpere no record | do not channel: | ~ | | | |
| Name of the Signer to Add | na nanuu urona | a format contratrices selfuere out territo | Title | | Signal | iure | Date |
| Identification | | | ID Number | | Issuer | Issuance Date | Expiration Date |
| | | | | | | | |
| Account Numbers: | | | T | | | | |
| Account Numbers: | | | | | | | |
| ERTIFICATION he undersigned hereby curtifies that the par | son(s) added | I as authorized signers on the accounts deep a suthorized signers, the name | ra(s) indicated above has a, titles and signatures are | ve bain added in accord | lapce with resolutions or of | her documents of the Business rega | rding signing authority for bank |
| ERTIFICATION Its undersigned hereby certifies that the par- counts. The undersigned further certifies the or a Corporation or Unincorporated | sca(s) addac at for those or | d as authorized signers on the account dded as authorized signers, the name For Sole Proprietorship: | ni(s) indicated above have a, tries and signaturee are | a correct. | lapose with resolutions or or mitted Liability Company: | her documents of the Business regal | rding signing authority for bank |
| ERTIFICATION be undersigned hereby certifies that the participation of the undersigned further certifies the or a Corporation or Unincorporated association or Organization: | oscos(s) added at for those or | dded as authorized signers, the name | ral(s) indicated above has a, titles and signatures are Dete | a correct. | mited Liability Company: | _ | ording signing authority for bank |
| ERTIFICATION he undersigned hereby certifies that the par counts. The undersigned at the correlate the or a Corporation or Unincorporated saccision or Organization: secretary | at for those s | dded as authorized signere, the name For Sole Proprietorship: | a, titles end signaturee are | For Parkership or Li | mited Liability Company: | For Government Entity: | |



SANDY, UT 84092-4163

TAXPAYER ID NO.





| BUSINESS DEPOSITORY | CERTIFICATE | (Corporation) |
|----------------------------|-------------|---------------|
|----------------------------|-------------|---------------|

CHASE O X NEW CHANGE BANK NAME/NUMBER ACCOUNT NO. 2788

JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO. 07/13/2021

BUSINESS ADDRESS 10081 S ROCKVIEW DR PREPARED BY ARYN R NELSON

PHONE NO. (801) 601-5163 PRODUCT TYPE Chase Performance Business Checking

Legal Name of Organization: GALMES & CO INC.

ACCOLINT TITLE (DBA(s) on the following page(s) if applicable) CALMES & CO INC.

(the "Organization")

State of Organization: LIT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the tirdividual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Deposit and withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing ones' withdrawar in runs by consigned, relectories or draw means. The bark is authorized to pay any process or other transactions authorized by the organization, even it doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negolation any checks, drafts, notes, billis of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or Authorized by any author

| Print Name KORY R CALMES | Title President | Facsimile Signatures |
|---|--------------------|----------------------|
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021 | | |
| | | |
| Facsimile Signature Authorization | | |

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above

Exemption from FATCA reporting code (if any) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penelties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all Interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tex return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Men Calmy Signature: Date: 07/13/2021 President Title:

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Gustomer Page 1 of 2

JPMorgan Chase Bank, N.A. Member FDIC

M1207-03-CS (11/20)







BUSINESS DEPOSITORY CERTIFICATE (Corporation)



CHASE O



| | 17 1,000 | |
|---------------|--|-------|
| ACCOUNT | 788 | |
| Signature: | | Date: |
| Title: | The state of the s | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
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| Signature; | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |

DISTRIBUTION: 1) National Account Services 2) Customer

Page 2 of 2

JPMorgan Chase Bank, N.A. Member FDIC

M1 207-03-CS (11/20)





| BUSINES: | S DEPOSITORY CERTIFICATE (Corporati | on) | CHASE 🗘 |
|---|--|---|--|
| ACCOUNT NO | | BANK NAME/NU | MBER |
| ACCOUNT TIT Calmes & Co | LE (DBA(s) on the following page(s) if applicable) | Digital Account BRANCH NAME | |
| | | DATE | |
| | | 05/04/2021 | |
| BUSINESS AD 19081 S ROC | DRESS (VIEW DR SANDY,UT 84092 | PREPARED BY | |
| | | PHONE NO. 8015546955 | |
| TAYPAVER IN | NO. PRODUCT TYPE Chase Business Complete Check | ing | |
| gal Name of O | ganization: Calmes & Co Inc. | | (the "Organizati |
| tate of Organiza | | | |
| | signing this Certificate hereby certifies to JPMorgan Chase Ba | | |
| | anization is a corporation of the type identified above, duly org vidual signing this Certificate is the Secretary, Assistant Secre | | |
| the Org | anization has authorized all actions and agreements descri | ibed in this Certificate in accordance | |
| _ | ational documents and bylaws, if any, and the authorizations a g and Contractual Authorization | re now in full force and effect. | |
| | listed below ("Authorized Persons"), acting alone, may: | | |
| | close one or more accounts with the Bank at any time, subject | ct to the Bank's deposit account agreeme | nt; |
| | ehalf of the Organization in any matter involving any of the Or | | |
| | agreements or other documents relating to any depository not limited to funds transfer agreements, agreements for au | | |
| her withdrawal causes or incr deposit, and o cept any instru pay all checks | on at the Bank, and may give instructions for account transact of funds by computer, electronic or other means. The Bank is eases an overdraft. Each Authorized Person may endorse for der the payment or transfer of money between accounts at 8 ment for deposit to any depository account of the Organization, drafts, and orders when signed, endorsed, or authorized brandless of to whom such instruments are payable or endorsed. | authorized to pay any checks or other tr cash, collection, deposit, or negotiation as he Bank and other banks. Endorsements without endorsement or may supply the y any Authorized Person without inquir, including those payable to or endorsed | ansactions authorized by the Organization, even if doin, my chacks, drafts, notes, bills of exchange, or certificate "for deposif" may be written or stamped. The Bank ma endorsement of the Organization. The Bank is authorized y as to the circumstances of issue or disposition of the year to the circumstances of issue or disposition of the page of the programment of t |
| RY R CALME | 3 | | RY R CALMES |
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| GNER(S) TO B | ADDED LATER | | |
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| ne Bank is autho ithorizing any fa | ure Authorization rized and directed to pay checks bearing any form of facsimile ssimile or computer-generated signature, the Organization will | | |
| osimile signatur opress written no | sistant Secretary, Acting Secretary or President of the Organia e of any additional Authorized Person, or to instruct the Bar tice of a change or revocation. | nk to remove any Authorized Person, Ti | |
| cemption from F | DING PURPOSES, the undersigned has signed his/her name ATCA reporting code (if any)[According to the IRS Fon | ' ' | ting this form for an account you hold in the United |
| ERTIFICATION | paye this field blank.] | | |
| ot subject to ba evenue Service is no longer su | i cartifies under penalties of perjury that (1) the Organization kup withholding because: (a) the Organization is exempt (IRS) that it is subject to backup withholding as a result o bject to backup withholding, and (3) the Organization is a lantered on this form (if any) indicating that the Organization | from backup withholding, or (b) the Or f failure to report all interest or dividen U.S. citizen or other U.S. person (as de | ganization has not been notified by the Internal ds, or (c) the IRS has notified the Organization that fined in the Form W-9 Instructions), and (4) the |
| | intered on this form (it any) indicating that the Organization fied the Organization that it is subject to backup withholding du | , , , | |
| | enue Service does not require your consent to any provis | | |
| gnature: | Electronically signed by:KORY R CALMES | | Date: 05/04/2021 |
| | President | | Date: 05/04/2021 |
| ie: | KORY R CALMES | | |
| nted Name: | | fatianal Assault Corden (1) Out | Part and the same of the same |
| | DISTRIBUTION: 1) F | National Account Services 2) Customer | JPMorgan Chase Bank, N.A. Member FDIC |
| | | Page 1 of 2 | M1207-03-CS (11/20) |

| BUSINE | SS DEPOSITORY CERTIFICATE (Corporation) | CHASE 🗘 |
|---------------|---|--|
| ACCOUNT | NO. 3549 | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | TRANSPORTER AND | OFFICE REPORT DESCRIPTION OF THE PROPERTY OF T |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
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| D: 1 | | 5. |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |
| Signature: | | Date: |
| Title: | | |
| Printed Name: | | |

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2







BUSINESS DEPOSITORY CERTIFICATE (Corporation) NEW CHANGE BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602)

ACCOUNT NO. ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) CALMES & CO INC. BRANCH NAME AND NO.

BUSINESS ADDRESS 10081 S ROCKVIEW DR

07/13/2021 PREPARED BY ARYN R NELSON

SANDY, UT 84092-4163 TAXPAYER ID NO.

PHONE NO. (801) 601-5163

Legal Name of Organization: CALMES & CO INC. (the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting along, may:

Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

PRODUCT TYPE Chase Business Premier Savings

- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for unline services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any secount of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing outer withdrawal or united by computer, electronic or driver means. The Bark is authorized to pay any cinecis or other transportant authorized by the organization, even it doing so causes or increases an overdraft. Each Authorized Person may endorse for eash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment of transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name KORY R CALMES | Title President | Facsimile Signatures |
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021 | | |

The Bank is authorized and directed to pay chacks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be sofely responsible for any check beering a similar signature.

Further Authorizations

The Sortetry, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if stry) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that It is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tex return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/202 - Calus Signature: Date: 07/13/2021 President Title

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer Page 1 of 2

JPMorgan Chase Bank, N.A. Member FDIC











| BUSINESS DEPOSITORY CERTIFICATE (Corporation) | LHASE |
|---|-------|
| ACCOUNT NO. 1893 | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
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| Printed Name: | |

JPMorgan Chase Bank, N.A. Member FDIC

M1 207-03-CS (11/20)

Page 2 of 2



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|---|--|---|---|--|---|-------|
| ACCOUNT TITLE ("DEPOSITE CALMES & CO INC. BUSINESS ADDRESS 10081 S ROCKVIEW DR | BLOR") (DBA(s) on the following page(s) if applicate | usiness Signat | ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS ISSUED BY | | , N.A. (602) | THERT |
| SANDY, UT 84092-4163 | | | | NRYN R NELSON 801) 601-5163 07/13/2021 | | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE I | DATE 7/17/2020 | EXPIRATION DATE 07/31/2022 | |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE | DATE | EXPIRATION DATE | |
| Account Agreement or other applicable | obtain credit reports on the Depositor. The Depositor e account agreement, which include all provisions the unit analysis and other treasury management services as amended from time to time. "TELEPHONE NUMBER T | hat apply to this deposit ac s if applicable, and agree to | count, and other service | your accounts. Messagus anytime to change th | om companies working on ou ge and data rates may apply ese preferences. | |
| KORY R CALMES | | Presiden | 7 . | / | Colm | |
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| BUSINESS ACCOUNT ADD SIG | ONEDS EOD | 200 | | | | CH | ASE 🗘 |
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| AME OF BUSINESS CALMES & | CO INC. | | | | | TAXPAYER ID NO | |
| USINESS ADDRESS 10081 S RO | OCKVIEW D | R SANDY LIT 84092- | 4163 | | | TAXPAYER ID NO | |
| RANCH NAME AND NO. SANDY | | | 4100 | BANK NO. 602 | | BRANCH PHONE NO. (8 | 301) 481-8249 |
| TEROFFICE MAILCODE UT1-70 | | PREPARED BY: NAME | TAYLOR POWEL | *************************************** | | · · · · · · · · · · · · · · · · · · · | TE: 12/02/2021 |
| lease add the following signer to the account | | | | | | **** | ************************ |
| ame of the Signer to Add CHADWICK H CALMES | | | Title SIGNER | | Signat | alme | Date Dec. 2, 2021 |
| fentification () Driver's License () None | | | (D Number | | fasuer UT | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| ccount Numbers: | 278 | 88 | T | | | | |
| 549 | 6 | 893 | <u> </u> | | | | |
| lease add the following signer to this account lame of the Signer to Add | its listed below (ot | ther authorized signers on record | do not change): Title | | Signat | ture | Date |
| dentification | | | (D Number | | Issuer | Issuance Date | Expiration Date |
| | | | | N. | | | |
| ccount Numbers: | | | | | | | |
| | is listed below (or | her authorized signers on record | do not changel: | | | | |
| lease add the following signer to the account | its listed below (of | her authorized signers on record | do not change): Title | | Signat | ture | Date |
| lease add the following signer to the account lame of the Signer to Add | its listed below (of | har authorized signers on record | | | Signat | lure | Date Expiration Date |
| Account Numbers: lease add the following signer to the account dame of the Signer to Add dentification Account Numbers: | as listed below (of | ither authorized signers on record | Title | | | *************************************** | |
| ease add the following signer to the account ame of the Signer to Add rentification | als listed below (or | thair audhonized signers on record | Title | | | *************************************** | |
| ease add the following signer to the account ame of the Signer to Add lentification coount Numbers: IRTEFICATION undersigned hemsely certifies that the pare | rsco(s) added as | authorized signers on the account | ID Number ID Number | e baen added in accord | Issuer | Issuance Date | Expiration Date |
| ease add the following signer to the account arms of the Signer to Add lentification coount Numbers: IRTEFICATION undersigned hemsby certifies that the paraceuts, the undersigned hemsby cutifies that the paraceuts. The undersigned hemsby cutifies that the counts. The undersigned hemsby cutifies that the counts. The undersigned hemsby cutifies that the paraceuts. The undersigned hemsby cutifies that the paraceuts. | rsca(s) added as at for those added | authorized signers on the account | ID Number ID Number | a correct. | Issuer | Issuance Date | Expiration Date |
| lease add the following signer to the eccount ame of the Signer to Add lentification | rxon(s) added as a for those added | authorized signers on the accounts a sushorized signers, the name | ID Number ID Number | a correct. | Issuer Jance with reactations or off mitigal Liability Company: | Issuance Date | Expiration Date |
| ease add the following signer to the account arms of the Signer to Add lentification coount Numbers: IRTEFICATION In undersigned hemsby certifies that the paraproper is a Composated undersigned from continuous and accounts. The undersigned armsby certifies this is a Composated undersigned principle of the composated sociation or Organization: | rxon(s) added as a for those added | authorized signers on the accounts a subhorized signers, the names or Sole Proprietorahija: | Title ID Number In Its indicated above have a titles and signatures are | For Parinership or Li | Issuer Jance with reactations or off mitigal Liability Company: | Issuance Date Issuance Date ther documents of the Business regil For Government Entity: 2/2/202 | Expiration Date |

| BUSINESS ACCOUNT ADD SIG | NERS | OPM | | | | CI | HASE 🗘 |
|--|----------------|---|---|---|--|--|---|
| | | J. | | | | | BATE SELECTION |
| | | | | | | | |
| | | | | | Marrier VIII | | |
| IAME OF BUSINESS CALMES & | COINC | | | | | WALDELDED IN A | 10 |
| SUSINESS ADDRESS 10081 S RO | OCK /IE | W DD CANDY LIT 94002 | 4102 | | | TAXPAYER ID N | ;O. |
| RANCH NAME AND NO. SANDY | | | 4100 | BANK NO. 602 | | BRANCH PHONE NO. | (801) 481-8249 |
| NTEROFFICE MAILCODE UT1-70 | | PREPARED BY: NAME | TAYLOR POWE | TELEVISION | | | DATE: 12/02/2021 |
| Please add the following signer to the account | | | | | | | DATE. 120 ON AGE |
| Name of the Signer to Add | | | Title | | \$ign | ature Calman | Date |
| CHADWICK H CALMES | | | SIGNER | | | | Da. 2, 2021 |
| identification 1) Driver's License | | | ID Number | ı | fasuer UT | Issuance Date | Expiration Date 11/10/2022 |
| 2) None | _ | _ | | | | | |
| Account Numbers: | | 2788 | 1 | | | | |
| 5549 | 1 | 6893 | | | | | |
| | - | | | ********** | | | |
| Rease add the following signer to this account | ts listed belo | | do not change): Title | *************************************** | Sign | ature | Date |
| Please add the following signer to the abcount Name of the Signer to Add Identification | ta listed belo | | do not change): Title {D Number | | Sign | ature | Date Expiration Date |
| Please add the following signer to this account Name of the Signer to Add | ta listed belo | | Title | *************************************** | | | |
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Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)

ACCOUNT NUMBER
ACCOUNT TYPE
TAXPAYER ID NUMBER
DATE OPENED
FORM OF BUSINESS
ISSUED BY



BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY,UT 84092

| PRIMARY ID TYPE | PRIMARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
|-------------------|---------------------|--------|---------------|-----------------|
| | | | | |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| | | | | |

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all increasary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, a its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

| PRINTED NAME | TAXPAYER ID # | TITLE | DATE | SIGNATURE |
|---------------|---------------|-----------|------------|--|
| KORY R CALMES | | President | 05/04/2021 | Electronically signed by:KORY R CALMES |
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M1207-01-GS 10617 (11/20)

| CHASE 🗘 | Bus | siness Signature Car | | |
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| ACCOUNT TITLE ("DEPOSI" CALMES & CO INC. | TOR") (DBA(s) on the following page(s) if applicable | e) ACCOU ACC TAXPAYER DA | INT NUMBER Chase Business P R ID NUMBER ATE OPENED 07/13/2021 OF BUSINESS S-Corporation | remier Savings |
| BUSINESS ADDRESS 10091 S ROCKVIEW DR SANDY, UT 84092-4163 | | | JPMorgan Chase I Sandy Little Cottor ARYN R NELSON (801) 501-5163 07/13/2021 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 07/17/2020 | EXPIRATION DATE 07/31/2022 |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| authority is received by the Bank. The authorizes the Bank, at its discretion, t Account Agreement or other applicab | Bank is entitled to rely on the authority of the named Depositior certifies that the information provided to the B to obtain credit reports on the Depositor. The Depositor a le account agreement, which include all provisions the | ank is true to the best of its knowledge a acknowledges receipt of the Bank's Depo it apply to this deposit account, and of | and informational and account: osit calls, it may include conta her service your accounts. Me | sages and automatic dialing technology for service calls, but not for telemarketing or sales act from companies working on our behalf to |
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| IAME OF BUSINESS CALMES & | COINC | r, | | | | MAUDIUM (D. L. | |
| USINESS ADDRESS 10081 S RO | OCK/IE | W DD CANDY LIT 94002 | 4103 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | TAXPAYER ID N | 0. |
| RANCH NAME AND NO. SANDY | | | 4103 | BANK NO. 602 |) | BRANCH PHONE NO. | /801) 481-8249 |
| TEROFFICE MAILCODE UT1-70 | | PREPARED BY: NAME | TAYLOR POWEL | *************************************** | | | DATE: 12/02/2021 |
| Please add the following signer to the accoun | | | | ata. | | **** | MIC. IDODECE |
| lame of the Signer to Add CHADWICK H CALMES | | an facility distribution military distributions | Title SIGNER | | Elbool Sign | Calmo- | Date Dec. 2, 2021 |
| dentification 1) Driver's License 2) None | | | ID Number | | fasuer UT | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| ccount Numbers; | [| 2788 | T | | | | |
| 5549 | | 893 | 1 | | | | |
| tease add the following signer to this account lame of the Signer to Add | ts listed belo | w (other authorized signers on record | do not change): Title | | Sign | ature | Date |
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| lame of the Signer to Add | to notice trees | or format continuences signore or i tosolio | Title | | Sign | sture | Date |
| dentification | | | ID Number | | Issuer | Issuance Date | Expiration Date |
| Account Numbers: | | | T | | | | |
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| | | | | ve basen added in acc | ordapoe with resolutions or | other documents of the Business re | garding signing authority for bank |
| e undersigned hereby certifies that the per- | son(s) added | as authorized signers on the account does as suthorized signers, the names | nt(s) indicated above hav a, titles and signatures are | a correct. | | | |
| et undersigned hereby certifies that the per- counts. The undersigned further certifies the et a Corporation or Unincorporated | son(s) added a for those a | d as authorized signers on the necoss idded as authorized signers, the name: For Sole Proprietorship: | ssi(s) indicated above has a, titles and signatures are | a correct. | Limited Liability Company | : For Government Entit | y: |
| et undersigned hereby certifies that the pan counts. The undersigned further certifies this is a Corporation or Unincorporated socciation or Organization: | son(s) ackled at for those a Date | idded as authorized signers, the names | ni(s) indicated above hav a, titles and signatures are Date | a correct. | alun 1 | For Government Entity 2/2/202 Date Certifying Official | y: Date |
| ERTIFICATION or undersigned hereby certifies that the per- cepture of the research of terms of the per- cepture of the research of terms of the re- sociation of Organizations sociation of Organizations sociation of Organizations | a for those a | idded as authorized signere, the name: For Sole Proprietorship: | a, titles and signaturee are | s correct. For Partnership or | alun 1 | 2/2/2021 | |







| BUSINESS DEPOSITORY | CERTIFICATE | (Corporation) |
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CHASE O

ACCOUNT NO. 2788

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

CHANGE

NEW

BUSINESS ADDRESS 10081 S ROCKVIEW DR

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO.

07/13/2021 PREPARED BY ARYN R NELSON

PHONE NO. (801) 601-5163

SANDY, UT 84092-4163 NO.

PRODUCT TYPE Chase Performance Business Checking

Legal Name of Organization: GALMES & CO INC.

(the "Organization")

State of Organization: LIT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the tirdividual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Deposit and withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing ones' withdrawar in runs by contiguent, electrotic or draw means. The bark is authorized to pay any process or other transactions authorized by the organization, even it doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negolation any checks, drafts, notes, billis of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or Authorized by any author

| Print Name KORY R CALMES | Title President | Facsimile Signatures |
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2621 | | |
| Facsimile Signature Authorization | | |
| The Bank is neitherward and dispeted to pay chapte hearing any form of fancionic | ar a communities a commencia d'accomptante de l'Estate de l'Arcontectura de l'Estate de l'Arcontectura | the Departmention without your or provided a standard over |

authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Further Authorizations
The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above

Exemption from FATCA reporting code (if any) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penelties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all Interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tex return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Men Calmy Signature: Date: 07/13/2021 President Title: Printed Name: KORY R CALMES



DISTRIBUTION: 1) National Account Services 2) Gustomer Page 1 of 2

JPMorgan Chase Bank, N.A. Member FDIC







CHASE



| BUSINESS DEPOSITORY CERTIFICATE (Corporati | on) CHASE • |
|--|---|
| ACCOUNT NO. 2768 | |
| Signature: | Date: |
| Title: | and here come control |
| Printed Name: | |
| Signature: | Date: |
| Title: | |
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| Printed Name: | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |

DISTRIBUTION: 1) National Account Services 2) Customer

Page 2 of 2

JPMorgan Chase Bank, N.A. Member FDIC





| X NEW | S DEPOSITORY CERTIFICATE (Corp change | oration) | CHASE 🗘 |
|--|--|--|---|
| ACCOUNT NO | | BANK NAI | ME/NUMBER |
| ACCOUNT TIT Calmes & Co | LE (DBA(s) on the following page(s) if applicable) | _ | ccount Opening NAME AND NO. |
| | | DATE | |
| | | 05/04/20 | |
| BUSINESS AT 10081 S BOC | DRESS KVIEW DR SANDY,UT 84092 | PREPARE | D BY |
| 100010.100 | | PHONE N | 2 |
| | | PHONE N | 0. |
| TAXPAYER ID | NO. PRODUCT TYPE Chase Business Complete | Charking | |
| gal Name of O | | Ottoring | (the "Organizat |
| ate of Organiza | Q | | ture Organizati |
| | signing this Certificate hereby certifies to JPMorgan Ch | ase Bank, N.A. (the "Bank") as follows: | |
| | anization is a corporation of the type identified above, or | | |
| | vidual signing this Certificate is the Secretary, Assistan | | |
| trie Ori | panization has authorized all actions and agreement ational documents and bylaws, if any, and the authoriza | tions are now in full force and effect. | dance with all requirements of law and of Organization's |
| | g and Contractual Authorization | | |
| | listed below ("Authorized Persons"), acting alone, may r close one or more accounts with the Bank at any time | | areement: |
| | behalf of the Organization in any matter involving any or | | |
| | | | e Organization. These agreements and other documents inc agreements for online services, and safe deposit agreement |
| the Organization of the or | on at the Bank, and may give instructions for account of funds by computer, electronic or other means. The leases an overdiral. Each Authorized Person may endo rider the payment or transfer of money between account ment for deposit to any depository account of the Organ | transactions without a signature, such a Bank is authorized to pay any checks or rae for cash, collection, deposit, or negot has at the Bank and other banks. Endors nization without endorsement or may sup- prized by any Authorized Person without | ny and all checks, drafts, and orders drawn against any account to set those initiated via electronic debit, payment, wire transfer, other transactions authorized by the Organization, even if doit lation any checks, drafts, notes bills of exchange, or certification envents "for deposit" may be written or stamped. The Bank may be endorsement of the Organization. The Bank is authorize in inquiry as to the circumstances of issue or disposition of thorsed to the Authorized Person. |
| int Name PRY R CALME | S | Title President | Facsimile Signatures KORY R CALMES |
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| GNER(S) TO B | E ADDED LATER | | |
| ie Bank is auth ithorizing any fa | csimile or computer-generated signature, the Organizat | | If the Organization either uses or provides a signature card k bearing a similar signature. |
| osimile signatui press writtan n | ssistant Secretary, Acting Secretary or President of the re of any additional Authorized Person, or to instruct a ptice of a change or revocation. | the Bank to remove any Authorized Per | to certify to the Bank the name, title, specimen signature and son. The Bank may rely on this Certificate until it receives |
| | EDING PURPOSES, the undersigned has signed his/he | | and the latest the second and the second second in the second |
| | ATCA reporting code (if any) [According to the I eave this field blank.] | No Form W-9 instructions, if you are only | submitting this form for an account you hold in the United |
| RTIFICATION | | | |
| t subject to ba venue Servica s no longer sa | ackup withholding because: (a) the Organization is e e (IRS) that it is subject to backup withholding as a r ubject to backup withholding, and (3) the Organizatio | xempt from backup withholding, or (b) esult of failure to report all interest or o in is a U.S. citizen or other U.S. person | the rshown above is correct, and (2) the Organization is the Organization has not been notified by the Internal fividends, or (c) the IRS has notified the Organization that (as defined in the Form W-9 Instructions), and (4) the |
| | entered on this form (if any) indicating that the Organ fied the Organization that it is subject to backup withhol | , , | * |
| | | | the certifications required to avoid backup withholding. |
| | | provision of this document other than | |
| nature: | Electronically signed by:KORY R CALMES | | Date: 05/04/2021 |
| ie: | President | | |
| nted Name: | KORY R CALMES | | |
| | DISTRIBUTIO | N: 1) National Account Services 2) Cust | omer JPMorgan Chase Bank, N.A. Member FDIC |
| | | Page 1 of 2 | M1207-03-CS (11/20) |

| BUSINESS DEPOSITORY CERTIFICATE (Corporation) | CHASE 🗘 |
|---|--|
| ACCOUNT NO. 1549 | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
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| Signature: | Date: |
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| Printed Name: | and the contraction of the contr |
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JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2







BUSINESS DEPOSITORY CERTIFICATE (Corporation)

NEW OUNT NO.

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable).
CALMES & CO INC.

CHANGE

BUSINESS ADDRESS 10081 S ROCKVIEW DR

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO.

07/13/2021 PREPARED BY ARYN R NELSON

PHONE NO. (801) 601-5163

SANDY, UT 84092-4163 AYPAYER ID NO.

PRODUCT TYPE Chase Business Premier Savings

(the "Organization")

Legal Name of Organization: CALMES & CO INC. State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting along, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for unline services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any secount of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing outer withdrawal or united by computer, electronic or driver means. The Bark is authorized to pay any cinecis or other transportant authorized by the organization, even it doing so causes or increases an overdraft. Each Authorized Person may endorse for eash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment of transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name KORY R CALMES | Yitle President | Facsimile Signatures |
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021 | | |
| | | |

The Bank is authorized and directed to pay chacks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be sofely responsible for any check beering a similar signature.

Further Authorizations

The Sortetry, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if stry) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that It is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tex return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/202 falus Signature: Date: 07/13/2021 President Title

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer Page 1 of 2

JPMorgan Chase Bank, N.A. Member FDIC







S1553582.55





| BUSINESS DEPOSITORY CERTIFICATE (Corporation) | CHASE 🧔 |
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| ACCOUNT NO. \$893 | |
| Signature: | Date: |
| Title: | |
| Printed Name: | |
| Signature: | Date: |
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DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Ghase Bank, N.A. Member FDIC

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Page 2 of 2



| | | Business S | Signature Ca | rd | | 1000000 | ENSIGNA | NPACHAT |
|--|--|---|--|--|--|---|---|--|
| ACCOUNT TITLE ("DEPOSITO CALMES & CO INC. BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY, UT 84092-4163 | OR") (OBA(s) on the following page(s) if applic | cable) | TAXPAY | AF (BI | /13/2021 Corporation | e Bank, N tonwood - | .A. (602) | |
| RIMARY ID TYPE /ebsite Documentation | PRIMARY ID NUMBER | ISSUER UT | ₹ | ISSUANCE DA | ATE 17/2020 | | EXPIRATION DATE 07/31/2022 | |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUE | R. | ISSUANCE DA | NTE. | | EXPIRATION DATE | |
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| IAME OF BUSINESS CALMES | & CO INC | | | | | | - A |
| USINESS ADDRESS 10081 S | POCK/IE | WIND CANDY LIT 9400 | 2.4102 | | | TAXPAYER ID | NO. |
| RANCH NAME AND NO. SAND | COUNTRY SECTION O | | 2*4103 | BANK NO. 602 | | BRANCH PHONE NO. | (801) 481-8249 |
| VITEROFFICE MAILCODE UT1- | | PREPARED BY: NAM | E TAYLOR POWE | - Designation of the Party of t | | DIVINONT NOTE NO. | DATE: 12/02/2021 |
| Please add the following signer to the acco | | | ord do not change): | | | AND THE PARTY OF T | |
| Name of the Signer to Add CHADWICK H CALMES | | 510 | Title SIGNER | | Estos Sig | Calme- | Date Date 2, 2021 |
| dessification 1) Driver's License 2) None | | | ID Number | | tasuer | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| Account Numbers: | | 2788 | | | | | |
| 549 | | 5893 | | | | | |
| Peace and the following signer to this acco Name of the Signer to Add | urija listed pelo | in former animonizou signers on reco | Title | | Sig | gnature | Date |
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| Please add the following signer to the acco Name of the Signer to Add | unts listed belo | w (other authorized signers on reco | rd do not change): Title | | Sig | mature | Date |
| dentification | | | ID Number | | Issuer | Issuance Date | Expiration Date |
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| Account Numbers: | | 777 | | | | | |
| ERTIFICATION | | | | | | | |
| | surson(s) added | i as authorized signers on the acc | ount(s) indicated above ha | ve been added in accord | ance with resolutions o | or other documents of the Business | regarding signing authority for bank |
| er undersigned hereby certifies that the property. The undersigned further certifies | White can make an | For Sole Proprietorship: | res, cess are agranates a | For Partnership or Lin | mitted Liability Compa | ny: For Government En | tity: |
| counts. The undersigned further certifies if a Corporation or Unincorporated | | | | purch 1 | | | |
| counts. The undersigned further certifies if a Corporation or Unincorporated sociation or Organization: | Date | Owner/Sole Preprietor | Deste | Partner/Member/Mans | ger ger | Date Certifying Official | Date |
| or undersigned hereby coeffice that the procures, The undersigned further certifies a Corporation or Uninocoporated association or Organization: | Date | | Date | 1 2 6 | ger | | Dece |

| BUSINESS ACCOUNT ADD SIGN | VERS FO | RM | | | | L. | HASE O |
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| LIGHTESS ADDRESS 40054 C DO | CICATEM | DD CANDY LIT 9400 | 2 4402 | | | TAXPAYER ID | NO. |
| USINESS ADDRESS 10081 S ROU RANCH NAME AND NO. SANDY S | man transfer con | | 2-4163 | BANK NO. 602 | | BRANCH PHONE NO | 1801) 481-8249 |
| VITEROFFICE MAILCODE UT1-702 | | PREPARED BY: NAM | F TAYLOR POWE | | | DIVINOITI (ICHE) (C | DATE: 12/02/2021 |
| Please add the following signer to the accounts | | | ord do not change): | | | ANTENCE A | |
| Name of the Signer to Add CHADWICK H CALMES | | 200 | Title SIGNER | | Edward 810 | Calmer- | Date Date 2, 20 |
| Identification 1) Driver's License 2) None | | | ID Number | | tssuer UT | Issuance Date 11/03/2017 | Expiration Date |
| Account Numbers: | | 788 | | | | | |
| 5549 | | 6893 | | | | | |
| Please and the following signer to the eccounts Name of the Signer to Add | nation policy | voice dampiness aigners on rock | Title | | Sig | ynature | Date |
| dentification | | | ID Number | | lasuer | Issuance Date | Expiration Date |
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| TOCOURS THAT ISSUED OF | | | | 39 | | | |
| Please add the following signer to the accounts Name of the Signer to Add | listed below | other authorized signers on reco | rd do not change): Title | | Sig | mature | Date |
| dentification | | | ID Number | | Issuer | Issuance Date | Expiration Date |
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| Mid-recognists and dependent | 100 | Community of the commun | | | C - Sing - Semanary | is worth the process | NOT THE REAL PROPERTY OF THE PARTY OF THE PA |
| ERTIFICATION he undersigned hereby certifies that the person | n(s) added a | s authorized signers on the ac- | ount(s) indicated above he | ve been added in accord | ance with resolutions | or other documents of the Business | regarding signing authority for br |
| counts. The undersigned further certifies that for a Corporation or Unincorporated association or Organization: | or these add | od as authorized signers, the na For Sole Proprietorship: | nea, tides and signatures ar | For Parsoership or Li | mitted Liability Compa | | ntity: |
| ecratary | Date | Owner/Sole Preprietor | Date - | Partner/Member/Mans | Oet . | Date Certifying Official | Dec |
| | | | | Carrie Water | | - | (5 |
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| Business S | ignature | Card |
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ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)

ACCOUNT NUMBER
ACCOUNT TYPE
TAXPAYER ID NUMBER
DATE OPENED
FORM OF BUSINESS
ISSUED BY



BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY,UT 84092

| PRIMARY ID TYPE | PRIMARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | |
|-------------------|---------------------|--------|---------------|-----------------|--|
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | |

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (f) the signatures appearing below are genuine or facsimitie signatures of the person(s) authorized to transact business and (iii) all indexessary extense or committee, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the suthority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor critifies that the incirculation provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditione contained therein as amended from time to time.

| PRINTED NAME | TAXPAYER ID # | TITLE | DATE | SIGNATURE |
|--------------|---------------|-----------|------------|--|
| DRY R CALMES | | President | 05/04/2021 | Electronically signed by:KORY R CALMES |
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| THASE • | | IIII Business Sic | nature Card | | | 17.00 | 4.3 |
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| ACCOUNT TITLE ("DEPOSITOR" CALMES & CO INC. | ") (DBA(s) on the following page(s) if applic | | ACCOUNT PACCOUNT TAXPAYER ID PACE FORM OF BU | NT TYPE Chase I NUMBER OPENED 07/13/2 USINESS S-Gorpo | 021 cration | | |
| BUSINESS ADDRESS 10981 S ROCKVIEW DR SANDY, UT 84092-4163 | | | ISS | Sendy I ARYN F | pan Chase Bank, N Little Cottonwood - R NELSON 01-5163 | 100 mm (1 10 mm (1) | |
| PRIMARY ID TYPE Vebsite Documentation | PRIMARY ID NUMBER | ISSUER | į | SSUANCE DATE 07/17/20 | | EXPIRATION DATE 07/31/2022 | |
| ECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | 1 | SSUANCE DATE | | EXPIRATION DATE | |
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| VIEW DR, SANDY, UT 84092- | 4163 | | | TAXPAYER ID NO | - |
| | -100 | BANK NO. 602 | | BRANCH PHONE NO. (8 | 301) 481-8249 |
| | TAYLOR POWEL | L | | DA | TE: 12/02/2021 |
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| For Sole Proprietorship: | 400 | | mited Liability Company: | For Government Entity: | |
| Owner/Solo Proprietor | Dete | Partner/Member/Mans | ger | Date Certifying Official | Date |
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BUSINESS DEPOSITORY CERTIFICATE (Corporation)

NEW CHANGE

ACCOUNT NO.

2788
ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BUSINESS ADDRESS 10081 S ROCKVIEW DR

TAXPAYER ID NO.

SANDY, UT 84092-4163

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO.

07/13/2021 PREPARED BY ARYN R NELSON

PHONE NO. (801) 601-5163

PRODUCT TYPE
Chase Performance Business Checking

(the "Organization")

Legal Name of Organization: CALMES & CO INC. State of Organization: LIT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Any of the people listed below ("Authorized Persons"), acting alone, may:

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 - Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Benk, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, who transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing accuses or increases an overtraft. Each Authorized Person may endorse for each, collection, deposit, on egolation any checks, drafts, notes, hills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including these payable to or endorsed to the Authorized Person.

| Print Name KORY R CALMES | Title President | Facsimile Signatures |
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021 | | |
| Facsimile Signature Authorization The Bank is authorized and directed to pay checks bearing any form of facsimilia authorizing any facsimilia or computer-generated signature, the Organization will | | |
| Further Authorizations The Secretary, Assistant Secretary, Acting Secretary or President of the Organizations of the Organization of the Security Secretary of the Security Se | | |
| FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name | e(s) on the date indicated | d above. |
| Exemption from FATCA reporting code (if any) [According to the IRS Fo States, you may leave this field blank.] | orm W-9 instructions, if yo | ou are only submitting this form for an account you hold in the United |
| CERTIFICATION The undersigned certifies under penelties of perjury that (1) the Organizati not subject to backup withholding because: (a) the Organization is exempted to backup withholding as a result it is no longer subject to backup withholding, and (3) the Organization is a FATCA code(s) entered on this form (if any) indicating that the Organization | t from backup withhold of fallure to report all in U.S. citizen or other U. | ling, or (b) the Organization has not been notified by the Internal sterest or dividends, or (c) the IRS has notified the Organization that S. person (as defined in the Form W-9 Instructions), and (4) the |
| If the IRS has notified the Organization that it is subject to backup withholding d | tue to underreporting inte | arest or dividends on its tex return, cross out item 2 above. |
| The Internal Revenue Service does not require your consent to any provi- | sion of this document | other than the certifications required to avoid backup withholding. |
| Signature: Signature: | | Date: 07/13/2021 |

DISTRIBUTION: 1) National Account Services 2) Gustomer

Page 1 of 2

Printed Name: KORY R CALMES

JPMorgan Chase Bank, N.A. Member FDIC

M1207-03-CS (11/20)



Title:

President







| BOSINESS DEPOSITORY CERTIFICATE (Corporation) | CHASE |
|---|--|
| ACCOUNT NO. 2788 | |
| Signature: | Date: |
| Title: | WATER CHARLES OF THE TAIL TO |
| Printed Name: | |
| Signature: | Date: |
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| Signature; | Date: |
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| Printed Name: | |
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Page 2 of 2

JPMorgan Chase Bank, N.A. Member FDIC

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| XNEW | S DEPOSITORY CERTIFICATE (Corporati | on) | CHASE O |
|--|---|--|---|
| ACCOUNT NO | | BANK NAME Digital Acco BRANCH NA | ount Opening |
| Calmes & Co | Inc. | | me raid ito. |
| | | DATE 05/04/2021 | |
| BUSINESS AL | | PREPARED I | BY |
| 10081 S ROC | KVIEW DR SANDY,UT 84092 | | |
| | | PHONE NO. 801554695 | F |
| TAXPAYER IS | | | |
| -111 | Chase Business Complete Checklerganization: Calmes & Co Inc. | 7g | (the "Organization |
| egal Name of C tate of Organiza | | | (ine Organizatio |
| | signing this Certificate hereby certifies to JPMorgan Chase Bar | nk, N.A. (the 'Bank') as follows: | |
| | anization is a corporation of the type identified above, duly organization is a | | |
| the On | ividual signing this Certificate is the Secretary, Assistant Secrei ganization has authorized all actions and agreements descr ational documents and bylaws, if any, and the authorizations ar | bed in this Certificate in accordan | |
| | g and Contractual Authorization | | |
| | listed below ("Authorized Persons"), acting alone, may: or close one or more accounts with the Bank at any time, subjec- | t to the Bank's deposit account agre | ement, |
| Act on | behalf of the Organization in any matter involving any of the Or | ganization's depository accounts at t | he Bank; |
| | I agreements or other documents relating to any depository not limited to funds transfer agreements, agreements for au | | |
| | thdrawal Authorization | | |
| the Organizat ther withdrawal causes or inc deposit, and o | Person may deposit or withdraw the Organization's funds. Each ion at the Benk, and may give instructions for account transact of funds by computer, electronic or other means. The Bank is reases an overdraft. Each Authorized Person may endone for rider the payment or transfer of money between accounts at the iment for deposit to any depository account of the Organization | tions without a signature, such as I authorized to pay any checks or oth cash, collection, deposit, or negotiati e Bank and other banks. Endorsem | hose initiated via electronic debit, payment, wire transfer, or er transactions authorized by the Organization, even if doing on any checks, drafts, notes, bills of exchange, or certificates ents: "for deposit" may be written or stamped. The Bank may |
| pay all check | s, drafts, and orders when signed, endorsed, or authorized b | y any Authorized Person without in | quiry as to the circumstances of issue or disposition of the |
| rint Name | gardless of to whom such instruments are payable or endorsed, | Title | Facaimile Signatures |
| RY R CALME | 8 | President | KORY A CALMES |
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Page 1 of 2

| BUSINESS DEPOSITORY CERTIFICATE (Corporation) | CHASE 🗘 |
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| ACCOUNT NO. 5549 | |
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JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2



NEW





BUSINESS DEPOSITORY CERTIFICATE (Corporation)

ACCOUNT NO. ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) CALMES & CO INC.

CHANGE

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO.

BUSINESS ADDRESS 10081 S ROCKVIEW DR

07/13/2021 PREPARED BY ARYN R NELSON PHONE NO.

VENVED ID NO.

(801) 601-5163

Legal Name of Organization: CALMES & CO INC. (the "Organization")

State of Organization: UT

SANDY, UT 84092-4163

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

PRODUCT TYPE Chase Business Premier Savings

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Any of the people listed below ("Authorized Persons"), acting alone, may:

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 - Act on behalf of the Organization imany matter involving any of the Organization's depository accounts at the Bank;

 Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for unline services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and withdraws Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing order withdrawal or united by complete, electricinic or driver means, the bank is authorized to pay any checks, drafts, notes, billis of exchange, or certificates of deposit, an increases an overdraft. Each Authorized Preson may endorpe for eash, collection, deposit, or negotiation any checks, drafts, notes, billis of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any Instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Portion without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name KORY R CALMES | Title President | Facsimile Signatures |
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| SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/ | 12/2021 | |
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Facsimile Signature Authorization
The Bank is authorized and directed to pay chacks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any lacisimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Sourcetary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to Instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if shy)__ According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION
The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that It is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/202: Date: 07/13/2021

President Title

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer Page 1 of 2

JPMorgan Chase Bank, N.A. Member FDIC

M1207-03-CS (11/20)



M. B. W. W. C. L. VINS







| BUSINESS DEPOSITORY CERTIFICATE (Corporation) | CHASE 🗘 |
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| ACCOUNT NO. 893 | |
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Page 2 of 2

JPMorgan Chase Bank, N.A. Member FDIC

M1 207-03-CS (11/20)

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| CHASE • | Busi | ness Signature Care | | |
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| ACCOUNT TITLE ("DEPOSIT CALMFRITZ HOLDINGS, BUSINESS ADDRESS 1086 E SKYLER DR DRAPER, UT 84020-7641 | FOR") (DBA(s) on the following page(s) if applicable) | ACCOU ACC TAXPAYER DA | NT NUMBER D639 COUNT TYPE D NUMBER TE OPENED O5/05/2021 Limited Liability Cou ISSUED BY Mountain View and PERRY LAULU (801) 316-0128 | mpany - Member Managed (LLC) ank, N.A. (602) |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | 05/05/2021 ISSUANCE DATE 05/03/2021 | EXPIRATION DATE 03/31/2022 |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| the named person(s) to so act. The authority is received by the Bank. The authorizes the Bank, at its discretion, to Account Agreement or other applicable. | usiness and (ii) all necessary actions or formaticies, where Bank is entitled to rely on the suthority of the named p Depositor certifies that the information provided to the Ban obtain credit reports on the Depositor. The Depositor act the account agreement, which include all provisions that ount analysis and other treasury management services if a as amended from time to time. "TELEPHONE NUMBER TAXP | erson(s) until written revocation of su k is true to the best of its knowledge a roowledges receipt of the Bank's Depo apply to this deposit account, and of applicable, and agree to be bound by t | or prerecorded voice mes- informational and account s sit calls. It may include conte- ner service your accounts. Me | sent allows us to use text messaging, artificial sugges and automatic dailing retrivology for endos calls, but not for telemarketing or sales it from companies working on our behalf to sasage and data reles may apply. You may the these preferences. |
| 1) MATTHEW DILLON FRITZSCHE | | Member | 5 5 217 | |
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| INSERVATIONS ASING THE | | Page 1 | | M1207-01-13-CS (11/20) |

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| BUSINESS ACCOUNT ADD SIG | NERS F | ORM | | | | | | |
| NAME OF BUSINESS CALMFRITA | Z HOLDI | NGS, LLC | | MA-III | | | TAXPAYER ID NO | |
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| BRANCH NAME AND NO. SANDY | LITTLE | COTTONWOOD - 412 | | BANK NO. 602 | | BRA | NCH PHONE NO{ | 801) 601-5163 |
| NTEROFFICE MAILCODE UT1-80 | 13 | PREPARED BY: NAME | ARYN R NELSO | ν | | | D | ATE: 05/11/2021 |
| Please and the following signer to the account: Name of the Signer to Add CHADWICK H CALMES | s listed below | w (other authorized signers on record o | do not change): Title SIGNER | 4 | lad le | nature | -2 | 5-11-21 |
| Identification 1) Driver's License 2) None | | | ID Number | | Issuer UT | | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| Account Numbers: 0639 | | | | | | | | |
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| CERTIFICATION | | | | | | | | |
| he undersigned hereby certifies that the persocounts. The undersigned further certifies that | on(s) added for those ac | as authorized aigners on the account ided as authorized signers, the names, | N(s) indicated above have, titles and signatures are | e been added in accord | ance with resolutions of | or other docum | nents of the Business rega | arding signing authority for bank |
| or a Corporation or Unincorporated association or Organization: | | For Sole Proprietorship: | | For Partnership or Li | mited Liability Compa | ny: | For Government Entity: | |
| ecretary | Date | Owner/Sole Proprietor | Date | Partner/Member/Mana | ger | Date | Certifying Official | Date |
| REPRESENTATION OF THE PROPERTY | | | | | | | JPMorgan Chase Bank, I | NA. Member FDIC Sass |
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| RANCH NAME AND NO. SANDY | SOUTH | TOWNE - 236 | | BANK NO. 602 | | BRAN | CH PHONE N | O. (801) 481-8249 |
| TEROFFICE MAILCODE UT1-702 | 24 | PREPARED BY: NAME | TAYLOR POWE | LL | | | | DATE: 12/02/2021 |
| tease add the following signer to the accounts lame of the Signer to Add KORY R CALMES | listed balo | w (other authorized signers on record d | la not change): Title SIGNER | The | y Cally | ignature | | Date 12/2/202 |
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| 2) None | | | | | | | | *************************************** |
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| ERTIFICATION to tindersigned hereby certifies that the perso counts. The undersigned further certifies that | xn(s) added for those ad | as authorized signers on the account ided as authorized signers, the names | (s) indicated above ha | ive been added in accord | lance with resolutions | s or other docume | nts of the Busines | as regarding signing authority for bank |
| or a Corporation or Unincorporated secciation or Organization: | | For Sole Proprietorship: | - | For Partnership or Li | imited Liability Comp | pany: 12-02-21 | For Government I | Entity: |
| ecretary | Date | Owner/Sole Proprietor | Date | Partner/Member/Mans | sger . | Date | Certifying Official | Dale |
| III NSPYNYK ANGELI | | | 1 | | | JPMe | vgen Chase Bank, | N.A. Member FDIC |

| CHASE • | Bus | iness Signature C | ard | |
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| ACCOUNT TITLE ("DEPOSITOR") (I CALMFRITZ HOLDINGS, ILC | DBA(s) on the following page(s) if applicable) |) AC | COUNT NUMBER 3115 ACCOUNT TYPE Chase Performance YER ID NUMBER 11/05/2021 IM OF BUSINESS Limited Liability Com | • |
| BUSINESS ADDRESS 10081 S ROCKVIEW DR SANDY, UT 84092-4163 | | | ISSUED BY JPMorgan Chase Ba Sandy Little Cottonw ARYN R NELSON (801) 601-5163 11/05/2021 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 05/03/2021 | EXPIRATION DATE 03/31/2022 |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| the person(s) authorized to transact business a the named person(s) to so act. The Bank is authority is received by the Bank. The Deposit authorizes the Bank, at its discretion, to obtain Account Agreement or other applicable acco | and warrants that (i) the signelures appearing beliand (ii) all necessary actions or formalities, where entitled to rely on the authority of the named jor certifies that the information provided to the Bac credit reports on the Depositor. The Depositor ac unit agreement, which include all provisions that alysis and other treasury management services if anded from time to time. "TELEPHONE NUMBER TAXI | necessary, have been taken to a person(s) until written revocation ink is true to the best of its knowle- knowledges receipt of the Bank's apply to this deposit account, an applicable, and agree to be bound | uthorize of such of such of such or prerecorded voice mess- informational and account se calls. It may include contact a service your accounts. Mos contact us anytime to change | SIGNATURE |
| 1) CHADWICK H CALMES | | Member | 11-05-2071 Chas | flahmes . |
| 2) MATTHEW DILLON FRITZSCHE | | Member | 11/5/21 A | |
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| VERSONAL AUGUST III | | Page 1 | | M1207-01-13-CS (11/20) |









ACCOUNT TITLE ("DEPOSITOR")
CALMFRITZ HOLDINGS, LLC
DBA DIGITALLY LICENSED COMPANY

Business Signature Card DOING BUSINESS AS (DBA)



M1207-01-13-CS DBA Page (11/20)

Page 2









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| | ESS DEPOSITORY CERTIFICATE (LiminewCHANGE | ted Liability Company | , CHASE • | MANUAL REPORT OF THE PROPERTY |
| | T NO. 639 TT TITLE (DBA(s) on the following page(s) if applicable) HTZ HOLDINGS, LLC | | BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO. Mountain View and 134th - 343495 | |
| | SS ADDRESS SKYLER DR | | DATE 05/05/2021 PREPARED BY PERRY LAULU | • |
| | R, UT 84020-7646 #R ID NO. PRODUCT TYPE | lata Chaekina | PHONE NO. (801) 316-0128 | |
| Legal Na | Chase Business Complete of Organization: CALMFRITZ HOLDINGS, LLC | ete Caegking | | (the "Organization") |
| - | Organization: UT | | | (no organization) |
| Type of C | Arganization (check one): ted liability company managed by its members ted liability company managed by one or more managers | | | |
| The India | duals signing this Certificate certify to JPMorgan Chase Ban the Organization is a limited liability company, duly organi- the individuals signing this Certificate are, or are authori managed by managers) ("Managers") of the Organization, the Organization has authorized all actions and agree organizational documents and bulaws, if any, and the auth | zed under the laws of the state of zed representatives of, all of the and nents described in this Certifica | e members (if managed by its members) ite in accordance with all requirements of | . , , , , , , , , , , , , , , , , , , , |
| Deposit Each Au of the Or other will doing so certificat The Ban Bank is | Opening and Contractual Authorization people listed below ("Authorized Persona"), acting alone, re Open or close one or more accounts with the Bank at any Act on behalf of the Organization in any matter involving a Sign ell agreements or other documents relating to any but are not limited to funds transfer agreements, agreer and Withdrawal Authorization frontzed Person may deposit or withdraw the Organization's f ganization at the Bank, and may give instructions for account forawel of funds by computer, electronic or other means. T auses or increases an overtraft. Each Authorized Person so doposit, and order the payment or transfer of money b and account of the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or transfer of money b and account or the payment or the proceeded and regardides of to whom such instrumer or of the proceeded and regardides of to whom such instrumer | time, subject to the Bank's deposit or yof the Organization's deposito- fepository accounts or other bus- nents for automated clearinghou- tunds. Each Authorized Person in the bank is authorized a signatu- he Bank is authorized to pay are more performed for cash, collection setween accounts at the Bank are count of the Organization without, i, endorsed, or authorized by any | ny accounts at the Bank; incess of the Organization. These agreeme se services, agreements for online service thay sign any and all checks, drafts, and order, such as those initiated via electronic by checks or other transactions authorized , deposit, or negotiation any checks, draft differ banks. Endorsements "for deposit tendorsement or may supply the endorser Authorized Person without inquiry as to ! | as, and safe deposit agreements. Iera drawn against any account lebit, payment, wire transfer, or by the Organization, even if , notes, bills of exchange, or ' may be written or stamped. nent of the Organization. The te circumstances of issue or |
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| Further Each Me | ng any facsimile or computer-generated signature, the Organ Authorizations amber or Manager, as applicable, acting alone, is authorized of Person, or to instruct the Bank to remove any Authorized | ed to certify to the Bank the nai | ne, title, specimen signature and facsimil | |
| FOR TH Exemption States, y | PRECEDING PURPOSES, each of the undersigned has sign of from FATCA reporting code (if any) [According to the du may teave this field blank.] | | | ant you hold in the United |
| not subj Revenue It is no le | ATION risigned certifies under penalties of perjury that (1) the Orest to backup withholding because: (a) the Organization is Service (IRS) that it is subject to backup withholding as inger subject to backup withholding as inger subject to backup withholding as and (3) the Organization of the Organizatio | s exempt from backup withhold a result of failure to report all in tion is a U.S. citizen or other U. | ing, or (b) the Organization has not been terest or dividends, or (c) the IRS has no S. person (as defined in the Form W-9 In | notified by the Internal diffied the Organization that |
| if the IRS | has notified the Organization that it is subject to backup with | holding due to underreporting into | erest or dividends on its tax return, cross or | |
| M1207 | MGI (11/20) | wasn Chase Bank N A Member | EDIC | Page 1 of 2 (0 |







| BUSINESS DEPOSITORY CERTIFICATE Limited Liability Company) | CHASE | O BUSYNAMOS | 1175177VF. III |
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| ACCOUNT NO. 0639 | | | |
| icle: For a disregarded entity, if the owner is not signing below, he, she or it | | | |
| ne Internal Revenue Service does not require your consent to any prov | ision of this document other than the certifications requ | ured to avoid backup withho | lding. |
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| ember of Manager MATTHEW DILLON FRITZSCHE | | Date / F | |
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| (Attach additional pages if ne | cessary to reflect all Members or Managers) | | |
| | Vational Account Services 2) Customer | | |
| | n Chase Bank, N.A. Member FDIC | Page 2 of 2 | (5) |
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| ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if ay CALMFRITZ HOLDINGS, LLC | | | | | |
| BUSINESS ADDRESS 1086 E SKYLER DR DRAPER, UT 84020-7648 | 3 | | ISSUED BY JPMorgan Chase Mountain View an PERRY LAULU (801) 316-0128 | Bank, N.A. (602) | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | 05/05/2021 ISSUANCE DATE 05/03/2021 | EXPIRATION DATE 08/31/2022 | |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | |
| Account Agreement or other applicable | o obtain credit reports on the Depositor. The Depositor act le account agreement, which include all provisions that bunt analysis and other treasury management services if as amended from time to time. "TELEPHONE NUMBER. TAXI | apply to this deposit account, a applicable, and agree to be bou | and other service your accounts. M | ect from companies working on our behalf to essage and data rates may apply. You may age these preferences. | |
|) MATTHEW DILLON FRITZSCHE | | Member | 5/5/21 | | |
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| BUSINESS ACCOUNT ADD SIG | NERS F | ORM | | | | | | 紫紫铁彩绿 III |
| NAME OF BUSINESS CALMFRITZ | Z HOLDI | NGS, LLC | | 44.5111 | | | | |
| SUSINESS ADDRESS 1086 E SKY | I EP DE | DPADED LIT 94020 764 | | | | | _ TAXPAYER ID NO |). [|
| BRANCH NAME AND NO. SANDY | | | 0 | BANK NO. 602 | | BRA | NCH PHONE NO. (| 801) 601-5163 |
| NTEROFFICE MAILCODE UT1-80 | | PREPARED BY: NAME | ARYN R NELSON | | | | _ | ATE: 05/11/2021 |
| Please add the following signer to the accounts | listed below | | | | | | | |
| Name of the Signer to Add CHADWICK H CALMES | | | Title SIGNER | 4 | had la | gnature <i>ConsCl</i> | | 5-11-21 |
| Identification 1) Driver's License 2) None | | | ID Number | | Issuer UT | | Issuance Date 11/03/2017 | Expiration Date 11/10/2022 |
| Account Numbers: 0639 | | | | | | | | |
| lease add the following signer to the accounts lame of the Signer to Add | listed below | w Jother authorized signers on record d | io not charge) [,] Title | | Sig | gnature | | Date |
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| Please add the following signer to the accounts | listed below | v (other authorized signers on record d | | | | | | |
| lame of the Signer to Add | | | Title | | Sig | gnature | | Date |
| dentification | | | ID Number | | Issuer | | Issuance Date | Expiration Date |
| Account Numbers: | | | | | | | | |
| ERTIFICATION | | | | | | | | |
| the undersigned hereby certifies that the personants. The undersigned further certifies that | n(s) added for those so | as authorized signers on the account ided as authorized signers, the names, | (s) indicated above hav titles and signatures are | e been added in accord | ance with resolutions | or other docum | nents of the Business reg | arcling signing authority for bank |
| r a Corporation or Unincorporated accitation or Organization: | | For Sole Proprietorship: | | For Partnership or Li | mited Liability Compo | iny: | For Government Entity | |
| ocretary | Date | Owner/Sole Proprietor | Date | Partner/Member/Mana | ger | Date | Certifying Official | Date |
| WALLESTON SANDERS 11 | | | | - | | | | 6 |
| | | | 1 | | | | JPMorgan Chase Bank, I | V.A. Member FDIC |

| BUSINESS ACCOUNT ADD SIG | NERS F | FORM | | | | | | CHAS | 5E 🗘 |
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| AME OF BUSINESS CALMFRITZ | HOLD | INGS, LLC | | | | | | | |
| *************************************** | | | | | | | TAXPAYER | ID NO. | |
| USINESS ADDRESS 10081 S RC | CKVIE | W DR. SANDY, UT 84092-4 | 163 | | | | | | |
| RANCH NAME AND NO. SANDY | SOUTH | TOWNE - 236 | | BANK NO. 602 | | BRAN | CH PHONE | NO. (801) 4 | 181-8249 |
| TEROFFICE MAILCODE UT1-703 | 24 | PREPARED BY: NAME | TAYLOR POWE | LL | | | | DATE: | 12/02/2021 |
| Please add the following signer to the accounts Name of the Signer to Add KORY R CALMES | s listed balo | w (other authorized signers on record d | la not change): Title SIGNER | The | y Cally | ignature | | | 12/2/202 |
| dentification t) Driver's License | | | D Mumber | | fesuer UT | | Issuance Date 08/19/2020 | e £ | Expiration Date 08/05/2028 |
| 2) None | | | | | | | | | |
| Account Numbers: D639 | | | | | | | | | |
| lease add the following signer to the accounts lame of the Signer to Add | Ested belo | w (other authorized signers on record d | o not change): Title | | S | ignature | | *************** | Date |
| dentification | | | iD Number | | Issuer | | Issuance Date | B E | Expiration Date |
| Account Numbers: | | | | | | | | | |
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| Please add the following signer to the accounts Name of the Signer to Add | listed belo | w (other authorized signers on record d | o not change): Title | | Si | ignature | | | Date |
| dentification | | | ID Number | | Issuer | | Issuance Date | 9 E | xpiration Date |
| Account Numbers: | | | | | Γ | | | | |
| ACCOURT NUMBERS. | | | | | | | | | |
| ERTIFICATION to undersigned hereby certifies that the perso- counts. The undersigned further certifies that | on(s) added | as authorized signers on the account | (s) indicated above ha | ive been added in accord | lance with resolutions | ar ather docume | ms of the Busin | ess regarding si | igning authority for bank |
| or a Corporation or Unincorporated secciation or Organization: | | For Sole Proprietorship: | | For Partnership or Li | mited Liability Comp | pany: 12-02-21 | For Governmen | nt Entity; | |
| ecretary | Date | Owner/Sole Proprietor | Date | Partner/Member/Mans | sger . | | Certifying Officia | d | Date |
| | | | 1 | | | JPM | organ Chase Bar | nk, N.A. Membe | FDIC Scan |

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| ACCOUNT TITLE ("DEPOSITOR") (DBA CALMFRITZ HOLDINGS, LLC | (s) on the following page(s) if applicable) | ACCOUN ACC TAXPAYER I DAT FORM OF | T NUMBER Chase Performance E D NUMBER TE OPENED 11/05/2021 BUSINESS Limited Liability Comp | any - Member Managed (LLC) |
| BUSINESS ADDRESS 10981 S ROCKVIEW DR SANDY, UT 84092-4163 | | | JPMorgan Chase Bar Sandy Little Cottonwo ARYN R NELSON (801) 601-6163 11/05/2021 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 05/03/2021 | EXPIRATION DATE 03/31/2022 |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| N.A. (the "Bank"). The Depositor represents and vit person(s) authorized to transact business and (the named person(s) to so act. The Bank is entitl authority is rooulved by the Bank. The Depositor os authorizes the Bank, et its discretion, to obtain ored Account Agreement or other applicable account a agreements and service terms for account analysis terms and conditions contained therein as amended the property of the proper | (ii) all necessary actions or formalities, where titled to rely on the authority of the named p riffies that the information provided to the Bar tit reports on the Depositor. The Depositor ad- igneement, which include all provisions that is and offer treasury management services if a | necessary, have been taken (a authorize erson(s) until written revocation of suc- ik is true to the best of its knowledge an encowledges receipt of the Bank's Depos apply to this deposit account, and othe applicable, and agree to be bound by the | Morgan accounts. Your conse or prerecorded volce messa informational and account ser calls. It may include contact sanvice your accounts. Mess contact us anytime to change | SIGNATURE |
| 1) CHADWICK H CALMES | | Member | 11-05-20ZI Chan | Nahmes |
| 2) MATTHEW DILLON FRITZSCHE | | Member | 11/5/21 / | |
| 3) | | | | |
| 4) | | | | . , |
| VSP200258/0785 TII | | Page 1 | | M1207-01-18-CS (11/20) |









ACCOUNT TITLE ("DEPOSITOR")
CALMFRITZ HOLDINGS, LLC
DBA DIGITALLY LICENSED COMPANY

Business Signature Card DOING BUSINESS AS (DBA)



M1207-01-13-CS DBA Page (11/20)

Page 2



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| Business Signature Card ■ ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | | |
| | ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable) CONEXTION CONSULTING LLC ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED OF BUSINESS FORM OF BUSINESS Limited Liability Company - Manager Managed (LLC) | | | | | |
| BUSINESS ADDRESS 2205 E PHEASANT WAY HOLLADAY, UT 84121-13 | 112 | , | ISSUED BY JPMorgan Chase B Fort Union - 233 KARISSA MICKELS (801) 481-9495 | , | | |
| | | | 02/08/2022 | | | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 02/03/2022 | EXPIRATION DATE 02/03/2023 | | |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | | |
| the named person(s) to so act. The I authority is received by the Bank. The I authorizes the Bank, at its discretion, it Account Agreement or other applicable. | siness and (ii) all necessary actions or formalities, when lank is entitled to rely or the subtrorty of the named Depositor certifies that the information provided to the B obbits medit fromto on the Depositor. The Depositor is a scount agreement, which include all provisions the succurate analysis and other treasury menagement services as amended from time to time. | person(s) until written revocation sank is frue to the best of its knowle acknowledges receipt of the Bank's at apply to this deposit account, a if applicable, and agree to be boun | of such or prerecorded voice mest dge and informational and account sind other calls. It may include contact ad other service your secounts. Met | unit allows us to use text messaging, artificial ages and automatic disting technology for avice calls, but not for telemarkeding or sales if from companies working on our behalf to sage and data rates may apply. You may a these preferences. | | |
| Province Hydrox | TEEL HOTE WORDER TA | ATTENDO INCE | | The state of the s | | |
| 1) CONNOR STEPHEN FRANCIA | | Manager | 2/8/22 | | | |
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| | ESS DEPOSITORY CERTIFICATE (Limited L | iability Compan | CHASE O | IRJUERIS, MELICAN FAMILISI |
|--|---|---|---|---|
| ACCOUNT | INO. | | BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) | |
| ACCOUN | T TITLE (DBA(s) on the following page(s) if applicable) tTZ HOLDINGS, LLC | | BRANCH NAME AND NO. Mountain View and 134th - 343495 | |
| | | | DATE. 05/05/2021 | |
| | S ADDRESS KYLER DR | | PREPARED BY PERRY LAULU | |
| DRADES | R, UT 84020-7646 | | PHONE NO. (801) 316-0128 | |
| TAXPAY | R ID NO. PRODUCT TYPE | | (, | |
| I amal Mas | Chase Business Complete Ch ne of Organization; CALMFRITZ HOLDINGS, LLC | ecking | 70 W | |
| | | | (the C | Organization") |
| Type of C [X] Limit | rganization: <u>UT</u> rganization (check one): ad liabitity company managed by its members ad liabitity company managed by one or more managers | | | |
| The indivi | duals signing this Certificate certify to JPMorgan Chase Bank, N.A. the Organization is a limited liability company, duly organized und the individuals signing this Certificate ane, or are authorized re managed by managers) ("Managers") of the Organization; and the Organization has authorized all actions and agreements organizational documents and bylaws, if any, and the authorization that the properties of the companion | der the laws of the state of presentatives of, all of the described in this Certific | e members (if managed by its members) ("Members") or mate in accordance with all requirements of law and of On | |
| Account Any of the | Opening and Contractual Authorization | subject to the Bank's depo ne Organization's deposite ory accounts or other bus | sit account agreement; iry accounts at the Bank; iness of the Organization. These agreements & other docur | |
| other with doing so certificate The Bank Bank is a | anization at the Bank, and may give instructions for account tran- drawal of funds by computing, electronic or other means. The Bat nauses or increases an overdraft. Each Authorized Person may et s of deposit, and order the payment or transfer of money between may accept any instrument for deposit to any depository account ulthorized to pay all checks, drafts, and orders when signed, endo n of the proceeds and regardless of to whom such instruments are | nk is authorized to pay a ndorse for cash, collection n accounts at the Bank a of the Organization withou rsed, or authorized by an | ny checks or other transactions authorized by the Organizat, o, deposit, or negotiation any checks, drafts, notes, bills of e old other banks. Endorsements "for deposit" may be written or t endorsement or may supply the endorsement of the Organ y Authorized Person without inquiry as to the circumstances | tion, even if xchange, or or stamped. itzation. The i of issue or |
| Print Nam | e N DILLON FRITZSCHE | Title Member | Facsimile Signatures | |
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| | | | NAME OF THE OWNER | |
| |) TO BE ADDED LATER VICK H CALMES, EXP 06/04/2021 | | | |
| | | | | |
| The Bank | Signature Authorization is authorized and directed to pay checks bearing any form of facsi g any facsimile or computer-generated signature, the Organization | mile or computer-generat will be solely responsible | ed signature. If the Organization either uses or provides a sig for any check bearing a similar signature. | nature card |
| Each Me Authorize revocation FOR THE Exemption | utherizations wher or Managar, as applicable, acting alone, is authorized to c d Person, or to instruct the Bank to remove any Authorized Pers . PRECEDING PURPOSES, each of the undersigned has signed hi n from FATCA reporting code (if any) [According to the IRS t u may leave this field blank.] | on. The Bank may rely on is/her name(s) on the date | n this Certificate until it raceives express written notice of a indicated above. | s change or |
| CERTIFIC The unde not subje Revenue It is no lo | | pt from backup withhold t of failure to report all it a U.S. citizen or other U | ing, or (b) the Organization has not been notified by the li iterest or dividends, or (c) the IRS has notified the Organi S. person (as defined in the Form W-9 instructions), and | nternal Ization that |
| | has notified the Organization that it is subject to backup withholding | _ | | |

JPMorgan Chase Bank, N.A. Member FDIC









| USINESS DEPOSITORY CERTIFICATE . CHA | SEO INTROPSIO |
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| ite: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate F Interpat Revepue Service does not require your consent to any provision of this document other than the certificat | |
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| To Comment of the Com | 2/2/21 |
| per of Manzgor MATTHEW DILLON FRITZSCHE | Date / / |
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| (Attach additional pages if necessary to reflect all Members or Managers) | |
| DISTRIBUTION: 1) National Account Services 2) Customer | |
| 17-08-CS (11/20) JPMorgan Chase Bank, N.A. Member FDIC | Page 2 of 2 |
| EPÉSTAS BAJOSSON | âcan âcan |

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| ACCOUNT TITLE ("DEPOSITOR") (DB IX GLOBAL ILC | A(s) on the following page(s) if applicable) | ACCOUN ACCC TAXPAYER II DAT FORM OF | T NUMBER 1087 DUNT TYPE Chase Platinum Busin D NUMBER 1E OPENED 08/24/2021 BUSINESS Limited Liability Comp | any - Member Managed (LLC) |
| BUSINESS ADDRESS 768 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84054-334 | 2 | · | SSUED BY JPMorgan Chase Ban Ogden - 283 AMY CUMMINGS (801) 621-7266 08/24/2021 | k, N.A. (8 02) |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | 1SSUANCE DATE 08/22/2019 | EXPIRATION DATE 08/31/2021 |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
| the person(s) authorized to trensect business and the named person(s) to so act. The Bark is er- authority is received by the Bank. The Depositor- authorizes the Bank, at its discretion, to obtain or Account. Agreement or other applicable scan agreements and service terms for account analyst erms and conditions contained therein as amend PRINTED NAME | utilitied to rely on the authority of the named po partifies that the information provided to the Bana edit reports on the Depositor. The Depositor ack agreement, which include all provisions that a is and other treasury management services if a | erson(s) Until written revocation of suc- ik is true to the best of its knowledge an inowledges receipt of the Bank's Depos apply to this deposit account, and othe applicable, and agree to be bound by the | h or prerecorded voice messag d informational and account serv it calls. It may include contact f er service your accounts. Messa | It allows us to use text messeging, artificial es and automatic dialing technology for ico calls, but not for telemenkreling or seles rom companies working on our behalf to ge and data reless may apply. You may hese preferences. |
| 1) JOSEPH ANTHONY MARTINEZ JR | | Member | 8/24/21 fr | |
| 2) | | | | |
| 3) | MANAGEMENT AND | | | |
| 4) | | | | |
| WGF20M51.9M5 | | Page 1 | | M1207-01-13-CS (11/26) |

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| ACCOUNT TITLE ("DEPOS IX GLOBAL LLC | SITOR") (DBA(s) on the following page(s) if applical | • | ACCOUNT NUMBER ACCOUNT TYPE Chase TAXPAYER ID NUMBER DATE OPENED 08/24/2 FORM OF BUSINESS Limited | d Liability Company - Member Managed (LLC | c) |
| BUSINESS ADDRESS 769 TANGLEWOOD LC NORTH SALT LAKE, U United States/US Territe | T 84054-3342 | | Bountiff STACE | gan Chase Bank, N.A. (602) ful - 285 ful - 285 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 08/22/2 | EXPIRATION DATE 019 08/31/2021 | |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | |
| authority is received by the Bank. Th authorizes the Bank, at its discretion Account Agreement or other applic | Bank is entitled to rety on the authority of the name Depositor certifies that the information provided to the, to obtain credit reports on the Depositor. The Depositor bible account agreement, which include all provisions sociount analysis and other treasury management service in an armended from time to time. "TELEPHONE NUMBER.1" | Bank is true to the best of its r acknowledges receipt of the that apply to this deposit acc is if applicable, and agree to b | knowledge and informational a Bank's Deposit calls, it may be ount, and other service your a | d voice messages and automatic claiking tei and account service calls, but not for telemarke notude contact from companies working on a accounts. Message and data rates may appl time to change these preferences. SIGNATURE | ding or sales our behalf to |
| 1) JOSEPH ANTHONY MARTINEZ JR | | Member | 8/30/21 | June | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| I nejeokosansii ii | | Page 1 | | M1297-01-13-D3 (11/26) | Scan |

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| ACCOUNT TITLE ("DEPOSITOI IX GLOBAL LLC | R") (DBA(s) on the following page(s) if applical | ble) , | ACCOUNT NUMBER Chase Busi PAYER ID NUMBER DATE OPENED 09/08/2021 | iness Premier Savings | |
| BUSINESS ADDRESS 769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84 | 054.0340 | F | DRM OF BUSINESS Limited Lial ISSUED BY JPMorgan (Bountful - 2 AUSTIN HL (801) 481-8 | 285 JNTSMAN |) |
| NORTH SALT LAKE, UT 84 | UD4-334Z | | 09/08/2021 | | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 09/06/2021 | EXPIRATION DATE 08/31/2022 | _ |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE | |
| | account agreement, which include all provisions to a manysis and other treasury management services amended from time to time. ***TELEPHONE NUMBER 1 | s if applicable, and agree to be bo | and by the contact us anytime | unts. Message and data rates may apply to change these preferences. SIGNATURE | . You may |
| 1) JOSEPH ANTHONY MARTINEZ JR | | Member | 9/8/21 | 4N | |
| 2) | | | | | |
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| ACCOUNT NO. | BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) |
| ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) IX GLOBAL LLC | BRANCH NAME AND NO. Ogden - 283 |
| | DATE 08/24/2021 |
| BUSINESS ADDRESS 769 TANGLEWOOD LOOP | PREPARED BY AMY CUMMINGS |
| NORTH SALT LAKE, UT 84054-3342 | PHONE NO. (801) 621-7266 |
| TAYPAYER ID NO. PRODUCT TYPE Chase Platinum Business Checking | |
| Legal Name of Organization: IX GLOBAL LLC | (the "Organization") |
| State of Organization: UT | |
| Type of Organization (check one): [2] Limited liability company managed by its members [1] Limited liability company managed by one or more managers | |

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- Justies signing this Certificate certify to J*Morgan Chase Bank, N.A. (the "Bank") as follows:
 the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
 the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if
 managed by managers) ("Managers") of the Organization; and
 the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's
 organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Account Opening and Contractual Authorization
 Any of the popile listed before ("Authorized Persons"), acting alone, may:

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all generatements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawai of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cosh, collection, deposit, or negotiation any checks, strats, notes, bits of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payeble or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name JOSEPH ANTHONY MARTINEZ JR | Title Member | Facsimile Signatures |
|--|---|----------------------|
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| Facsimile Signature Authorization | | |

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-8 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.)

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is rise and exagined comes driver penalties to perjory unit (1) the Organization is aspect to backup withholding, or (b) the Organization is as most subject to backup withholding as executed in the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified by the Internal Revenue Service (IRS) that it is subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 lastructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above



JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





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BUSINESS DEPOSITORY CERTIFICATE

| (Limited Liability Company) | |
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| ACCOUNT NO. 7087 | |
| Note: For a disregarded entity, if the owner is not signing below, he, she or it must sub The Internal Revenue Service does not require your consent to any provision of t | |
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| | 8/24/21 |
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| Member or Manager Printed Name: | Date |
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| Member or Manager Printed Name: | Date |

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer JPMorgan Chase Bank, N.A. Member FDIC









| BUSINESS | DEPOSITORY | CERTIFICATE (| Limited Liability | Company |
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CHASE O

JPMorgan Chase Bank, N.A. (602)

ACCOUNT NO.

NEW

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) IX GLOBAL LLC

X_CHANGE

08/30/2021

BUSINESS ADDRESS 769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84054-3342 United States/US Territories PREPARED BY STACEY BOWDIDGE PHONE NO.

BANK NAME/NUMBER

BRANCH NAME AND NO.

PRODUCT TYPE Chase Platinum Business Checking

(the "Organization")

Legal Name of Organization: IX GLOBAL LLC State of Organization: UT

Type of Organization (check one):

[X] Limited liability company managed by its members [X] Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- uses signing this Certificate centry to Irriworgen Chase Bank, N.A. (the "Bank") as holows;
 the Organization is a limited liability company, duty organized under the laws of the state of organization listed above;
 the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if
 managed by managers) ("Managers") of the Organization; and
 the Organization has euthorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's
 organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Account Opening and Contractual Authorization

 Any of the people listed below ("Authorization"), acting alone, may;

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
 - Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated cleaninghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each Authorizad Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawd of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, electronic notes, shalls or exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements Tor deposit' may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name | Title | Facsimile Signatures |
|--|--------|----------------------|
| IOSEPH ANTHONY MARTINEZ JR. | Member | |
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Facsimile Signature Authorization
The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facstmile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) ______ [According to the IRS Form W-9 instructions, If you are only submitting this form for an account you hold in the United States, you may leave this field blank,?

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that It is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.



JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2









BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)

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| Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8 | |
| The Internal Revenue Service does not require your consent to any provision of this document other than the certifications re- | quired to avoid backup withholding. |
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| A | 8/20/21 Date |
| Member or Manager JOSEPH ANTHONY MARTINEZ JR | Date * |
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| Member or Manager | Date |
| Printed Name: | |
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DISTRIBUTION: 1) National Account Services 2) Customer JPMorgan Chase Bank, N.A. Member FDIC









(the "Organization")

BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)

CHASE O

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO. Bountiful - 285

AUSTIN HUNTSMAN

X__NEW CHANGE

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) IX GLOBAL LLC

BUSINESS ADDRESS

769 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342 AVEAVER ID NO.

PRODUCT TYPE Chase Business Premier Savings

PHONE NO. (801) 481-8239

DATE 09/08/2021

PREPARED BY

Legal Name of Organization: IX GLOBAL LLC

State of Organization: UT

Type of Organization (check one):

[X] Limited liability company managed by its members

[] Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- studies signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:
 the Organization is a limited liability compienty, duly organized under the laws of the state of organization listed above;
 the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if
 managed by managers) ("Managers") of the Organization; and
 the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's
 organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

nt Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
 Sign ell agreements or other documents relating to any depository accounts or the business of the Organization. These agreements & other documents include
 but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization
Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, where transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdreft. Each Authorized Person may endorse for cash, collection, deposit, or negolitation any checks, drafts, notes, bills of soxhange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized by any all checks, drafts, and orders when signed, endorsed, or authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name | Title | Facsimile Signatures |
|----------------------------|---|----------------------|
| IOSEPH ANTHONY MARTINEZ JR | Member | - |
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The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature. The Organization will be solely responsible for any check bearing a similer signature.

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signeture and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

CERTIFICATION
The undersigned certifies under penalties of parjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

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JPMorgan Chase Bank, N.A. Member FDIC









BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)

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| Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form The Internal Revenue Service does not require your consent to any provision of this document other than the certification | |
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| Merrick in Manager | Oate Oate |
| Printed Name: JOSEPH ANTHONY MARTINEZ JR | |
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JPMorgan Chase Bank, N.A. Member FDIC



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| NORTH SALT LAKE, U | | | Oguer - 263 AMY CUMMINGS (801) 621-7266 08/24/2021 | |
| PRIMARY ID TYPE Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE EXPIRATION DATE 08/22/2019 08/31/2021 | |
| SECONDARY ID TYPE None | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE EXPIRATION DATE | |
| the named person(s) to so act. The authority is received by the Bank. The authorizes the Bank, at its discretion Account Agreement or other applica- | business and (ii) all necessary actions or formalities, where Bank is entitled to rely on the authority of the named p o Depositor certifies that the information provided to the Bank to obtain credit reports on the Depositor. The Depositor as able account agreement, which include all provisions that coourt analysis and other treasury menagement services if in as amended from time to time. "TELEPHONE NUMBER TAXI | person(s) until written revocation of su ink is true to the best of its knowledge at knowledges receipt of the Bank's Depo- apply to this deposit account, and oth applicable, and agree to be bound by the | or prerecorded voice messages and automatic dialing technology for and informational and account service calls, but not for telemantering or sales calls. It may include contact from companies working on our behalf to their service your accounts. Massage and data rates may apply. You may | |
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| ACCOUNT TITLE ("DEPOSITO IX GLOBAL LLC | R") (DBA(s) on the following page(s) if applica | • | ACCOUNT NUMBER ACCOUNT TYPE Chase Platinum E PAYER ID NUMBER DATE OPENED 08/24/2021 | Business Checking |
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| BUSINESS ADDRESS 769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 94 United States/US Temlories | 054-3342 | , | ORM OF BUSINESS Inited Libility C | Bank, N.A. (602) |
| MARY ID TYPE | PRIMARY ID NUMBER | ISSUER UT | ISSUANCE DATE 08/22/2019 | EXPIRATION DATE 08/31/2021 |
| | SECONDARY ID NUMBER | ISSUER | ISSUANCE DATE | EXPIRATION DATE |
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| KNOWLEDGEMENT - By signing the (the 'Bank'). The Depositor represe presences of a widnerized to transact businesses of the significant control of the significant control is received by the Bank. The Dortres of the Bank, at its discretion, to chart agreement or other applicable summits and service terms for account agreement and service terms for account and the significant contained therein a PRINTED NAME | is Signature Card, the Depositor applies to open- note and warrants that (i) the signatures appearing ness and (i) all necessary actions or formalities, w ink is entitled to redy on the authority of the name positor certifies that the information provided to the obtain credit reports on the Depositor. The Deposities account agreement, which include all provisions, and analysis and other treesury management services amended from time to time. "TELEPHONE NUMBER | g below are genurine or facsimiles of here necessary, have been taken ned person(s) until written revocal to Bank is true to the best of its kno or acknowledges receipt of the Ban that apply to this deposit account ses if applicable, and agree to be by TAXPAYER ID # | gratures of o authorize on of such riverse of o authorize on of such rivedge and with a constant property of the constant | your mobile phone number, we have your at our hat number about all your chase or J.P. Insent allows us to use text messaging, artificial sessages and automatic delinity technology for service calls, but not for telementering or sales and from companies working on our behalf to lessage and dafate rates may apply. You may rose these preferences. |

| IX GLOBAL LLC BUSINESS ADDRESS 769 TANGLEWOOD LOOP | R") (DBA(s) on the following page(s) if applic | Business Signat | ACCOUNT NUMBER ACCOUNT TYPE TAXPAYER ID NUMBER DATE OPENED FORM OF BUSINESS | Limited Liability C JPMorgan Chase Bountiful - 285 AUSTIN HUNTSI | company - Member Managed Bank, N.A. (602) | (u.c) |
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| NORTH SALT LAKE, UT 84 | | | | (801) 481-8239 09/08/2021 | EVEN A TION OF A TION | |
| Website Documentation | PRIMARY ID NUMBER | ISSUER UT | ISSUANCI | 09/06/2021 | EXPIRATION DATE 08/31/20 | |
| SECONDARY ID TYPE | SECONDARY ID NUMBER | ISSUER | ISSUANCE | DATE | EXPIRATION DATE | E |
| the named person(s) to so act. The Ba authority is received by the Bank. The De authorizes the Bank, at its discretion, to Account Agreement or other applicable agreements and service terms for accour | ness and (ii) all necessary actions or formalities, w ink is entitled to rely on the authority of the nar appositor cartilises that the information provided to the obtain credit reports on the Depositor. The Deposit account agreement, which include all provisions in tanalysis and other treasury management service. | ned person(s) until written a ne Bank is true to the best of tor acknowledges receipt of to that apply to this deposit a | evocation of such or pro- its knowledge and inform he Bank's Deposit calls, coount, and other service | recorded voice me gitional and account it may include con e your accounts. N | onsent allows us to use text messages and automatic dialit t service calls, but not for teler tact from companies working fessage and data rates may nge these preferences. | ng technology for marketing or sales on our behalf to |
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|---|--|---|--|
| ACCOUNT NO. | | BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) | Additional transmission of the second of the |
| ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) IX GLOBAL LLC | | BRANCH NAME AND NO. Ogden - 283 | |
| | | DATE 08/24/2021 | |
| BUSINESS ADDRESS 769 TANGLEWOOD LOOP | | PREPARED BY AMY CUMMINGS | |
| NORTH SALT LAKE, UT 84054-334 | 2 | PHONE NO. (801) 621-7266 | |
| TAYPAYER ID NO. | PRODUCT TYPE Chase Platinum Business Checking | | |
| Legal Name of Organization: IX GLO | BALILC | | (the "Organization") |
| State of Organization: UT | | | |
| Type of Organization (check one): [X] Limited liability company manage [] Limited liability company manage | ed by its members ed by one or more managers | | |
| The individuals signing this Certificate | certify to JPMorgan Chase Bank, N.A. (the "Bank") as fol | lows: | |

- sugmentation is a limited liability company, duly organized under the law of the state of organization listed above; the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by members) ("Members") or managers (if managed by managed by managers) ("Managers") of the Organization; and the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Account Opening and Contractual Authorization
 Any of the popile listed before ("Authorized Persons"), acting alone, may:

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 Sign all generatements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Denosit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawai of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cosh, collection, deposit, or negotiation any checks, strats, notes, bits of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payeble or endorsed, including those payable to or endorsed to the Authorized Person.

| Title Member | Facsimile Signatures |
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| | Member |

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-8 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.)

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is rise and exagined comes driver penalties to perjory unit (1) the Organization is aspect to backup withholding, or (b) the Organization is as most subject to backup withholding as executed in the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified by the Internal Revenue Service (IRS) that it is subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 lastructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.



JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





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| ACCOUNT NO. 7087 | |
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| Note: For a disregarded entity, if the owner is not signing below, he, she or it mu | ist submit IRS Form W-9 or the appropriate Form W-8. |
| he Internal Revenue Service does not require your consent to any provisio | on of this document other than the certifications required to avoid backup withholding. |
| / | |
| $A\sim$ | 8/24/21 |
| formbor of Warrager rinted Varne: JOSEPH ANTHONY MARTINEZ JR | Date |
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| ember er Manager rinted Name: | Date |
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| ember or Manager | Date |
| inted Name: | 7-9-15-07-1000-00-01-01-00-0 |
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| | |
| fember or Manager | Date |

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer JPMorgan Chase Bank, N.A. Member FDIC

SB1428404-F1









CHASE O

JPMorgan Chase Bank, N.A. (602)

COUNT NO

NEW

BUSINESS ADDRESS

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

X_CHANGE

BRANCH NAME AND NO. DATE 08/30/2021

BANK NAME/NUMBER

PRODUCT TYPE Chase Platinum Business Checking

PREPARED BY STACEY BOWDIDGE PHONE NO.

769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84054-3342 United States/US Territories

(the "Organization")

Legal Name of Organization: IX GLOBAL LLC

State of Organization: UT Type of Organization (check one):

[X] Limited liability company managed by its members [X] Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- uses signing this Certificate centry to Irriworgen Chase Bank, N.A. (the "Bank") as holows;
 the Organization is a limited liability company, duty organized under the laws of the state of organization listed above;
 the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if
 managed by managers) ("Managers") of the Organization; and
 the Organization has euthorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's
 organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

- Account Opening and Contractual Authorization

 Any of the people listed below ("Authorization"), acting alone, may;

 Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;

 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;

 - Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated cleaninghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization

Each Authorizad Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, whe transfer, or other withdrawd of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, electronic notes, shalls or exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements Tor deposit' may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name | Title | Facsimile Signatures |
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| JOSEPH ANTHONY MARTINEZ JR. | Member | |
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| SIGNER(S) TO BE ADDED LATER | | |
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Facsimile Signature Authorization
The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Benk the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Benk may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) ______ [According to the IRS Form W-9 instructions, If you are only submitting this form for an account you hold in the United States, you may leave this field blank,?

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that It is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above



JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2









BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)

| CHASE 🗘 | |
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| ACCOUNT NO. 7087 | A decreased to the state of the |
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| Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications req | |
| | |
| An | 8/20/21 Date |
| Semble of Manager Princed Name: JOSEPH ANTHONY MARTINEZ JR | Date |
| | |
| Member or Manager Printed Name: | Date |
| Printed Name: | |
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| Member or Manager Printed Name: | Date |
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| Member or Kanagor | Date |
| Printed Name: | 1809 |
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| Member or Manager | Date |
| Printed Name: | |
| | |
| Member or Manager Printed Name: | Date |
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| Member or Manager Printed Nacres: | Date |
| · | |
| Member or Manager | Date |
| Printed Name: | |

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer JPMorgan Chase Bank, N.A. Member FDIC









CHASE O

X__NEW_ ACCOUNT TITLE (DBA(s) on the following page(s) if applicable) IX GLOBAL LLC

CHANGE

BANK NAME/NUMBER JPMorgan Chase Bank, N.A. (602) BRANCH NAME AND NO. Bountiful - 285 DATE 09/08/2021

AUSTIN HUNTSMAN

PREPARED BY PHONE NO.

NORTH SALT LAKE, UT 84054-3342 PRODUCT TYPE Chase Business Premier Savings TAXPAYER ID NO.

(801) 481-8239

Legal Name of Organization: IX GLOBAL LLC

(the "Organization")

State of Organization: UT

BUSINESS ADDRESS

769 TANGLEWOOD LOOP

Type of Organization (check one):

[X] Limited liability company managed by its members

[] Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- studies signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:
 the Organization is a limited liability compienty, duly organized under the laws of the state of organization listed above;
 the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if
 managed by managers) ("Managers") of the Organization; and
 the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's
 organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

nt Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
 Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
 Sign ell agreements or other documents relating to any depository accounts or the business of the Organization. These agreements & other documents include
 but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Deposit and Withdrawal Authorization
Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, where transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdreft. Each Authorized Person may endorse for cash, collection, deposit, or negolitation any checks, drafts, notes, bills of soxhange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized by any all checks, drafts, and orders when signed, endorsed, or authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

| Print Name OSEPH ANTHONY MARTINEZ JR | Title Member | Facsimile Signatures |
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The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature. The Organization will be solely responsible for any check bearing a similer signature.

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signeture and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

CERTIFICATION
The undersigned certifies under penalties of parjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.



JPMorgan Chase Bank, N.A. Member FDIC









| ACCOUNT NO. 1712 | |
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| Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-6 | 1 |
| The Internal Revenue Service does not require your consent to any provision of this document other than the certifications re | |
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| 0. | |
| 1 max | 9/8/21 Date |
| Meritor of Manager Prinsied Name: JOSEPH ANTHONY MARTINEZ JR | Date |
| Printed Name: JOSEPH ANTHONY MARTINEZ JR | |
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| Notice of Version | N-A- |
| Member or Meneger Printed Name; | Date |
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| Merriber or Menager Printed Name: | Date |
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| (Aftach additional pages if necessary to reflect all Members or Managers) | |
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M1207-04-CS (11/20)

DISTRIBUTION: 1) National Account Services 2) Customer JPMorgan Chase Bank, N.A. Member FDIC





Online Business Banking Optional Services Analysis

| Account # | 2717 |
|-----------|-------------|
| Analyst | JAMES WUEST |

| General Business Informat | rion | | | 1 |
|--|--|--------------------|--|----------|
| Business Name | DIGITAL LICENSING IN | ıc | | |
| Date of Organization | 3/18/2021 | | | |
| EIN | 3/10/2021 | | Public Entity or Non-Profit Orga | nization |
| MACU Open Date | 2/7/2023 | | Unacceptable Business for Debi | ts |
| | | | | |
| 90 Day Average Balance | \$ 350,360 • Yes • No |).54 | | |
| NSF Activity | The state of the s | | | 1 |
| Gross Annual Sales Volume | \$ 22,168,605 | | 1754 786 | 5 |
| Balance Sheet Equity \$ | 45717 271 | Path | | |
| Biz Chex Recommendation | Accept | | | |
| Primary Nature/Function of this | business Software L | icensing and Manag | ement | -Ti |
| Requested Credit Limits | Single D Limit | ay | | |
| Payroll | | | | |
| ✓ ACH Credit | \$ 400, | 000 | | |
| ✓ Domestic Wire | \$ 1,200, | | | |
| ✓ International Wire | \$ 400. | | | |
| | | 000 | | |
| Requested Debit Limits | Single Day | 2-Day Return | Unauth | |
| ACH Debit | Limit Frequen | Rei Car | Return Rate | |
| ACH Debit | Daily | \$ 0 | \$ 0 | |
| Purpose for ACH Origination | on Services | | | |
| Owners, General Partners, | Managing Members or C | | - Carlon | |
| Name | FICO | | Credit History Chex- Since Systems | |
| ROYDON NELSON | | 750 700 | Feb-00 Yes, Record | |
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| 15 | | T T | Yes, Record | |
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Online Business Banking Optional Services Analysis

Account

2717

es Analysis Analyst JAMES WUEST

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Signature of Credit Union Employee

CERTIFICATION OF BENEFICIAL OWNERS

This Certification is incorporated with a previously executed Depository Resolution and Agreement for the Company

| Persons opening an account on beha | If of a legal entity | must provide the following information: | | |
|--|---------------------------------|--|---|---|
| A: NAME & TITLE OF NATURA (Please print in black ink or type) | L PERSON OF | PENING ACCCOUNT | | |
| Name_JOSEPH MARTINEZ | | Managing Men | nber | |
| B: NAME & ADDRESS OF LEG | AL ENTITY FO | OR WHICH THE ACCOUNT IS BEING | GOPENED | |
| Proprietor/Business/Organization Nam | e IX GLOBA | AL | | |
| DBA Name (for all Proprietors and for | LLCs or Corporat | tions using a DBA name) | | |
| Street Address | | City NO | RTH SALT LAKE | State UT Zip |
| | dividual, if any, w | ho directly or indirectly, through any contra ty above. If no individual meets this definiti | | |
| Name | Date of Birth | Address (Residential or Business Street Address) | Tax ID Number: Social Security or ITIN | ID Type, Issuer, Number, Issue Date, and Expiration Date |
| JOSEPH MARTINEZ | | | | State Drivers License UT |
| | | | | |
| | | | | |
| | | | | |
| | manager (e.g. Ch asurer); or | SIBILTY FOR MANAGING THE LEG ief Executive Officer, Chief Financial Office ilar functions. | | ng Member, General Partner, |
| Name | Date of Birth | Address (Residential or Business Street Address | Tax ID Number: Social Security or ITIN | ID Type, Issuer, Number, Issue Date, and Expiration Date |
| JOSEPH MARTINEZ | | | | State Drivers License UT |
| I, JOSEPH MARTINEZ complete and correct. | (name of natura | al person opening account), hereby certi | fy, to the best of my knowledge, | that the information provided is |
| Should any of the beneficial ownersh | ip information cha | ange it is required for the current ownership | to provide updates to Mountain A | merica Federal Credit Union. |
| Signature: | | | 02/2023 | |
| CREDIT UNION AUTHORIZATION I have personally reviewed the most recent D Certification is named by the Company on the | epository Resolution | and Agreement or subsequent Change Current Pr | incipals datedand | verified that the person authorizing this |
| Jeid byte | | 03,02,23 | 3906 | |

Date

Teller#



For CU Use Only

Account Number

Branch 015 Date 03/02/2023

MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS AUTHORIZED SIGNER (SIGNATURE CARD)

| AUTHORIZED SIGNER (This Signature Card is incorporated with a previously executed | |
|--|---|
| (Please print in black ink or type) | |
| Business/Organization Name IX GLOBAL | Account Number 20736 |
| Name JOSEPH MARTINEZ SSN | DOB Home Phone (|
| Home Address No P.O. Boxes or mail services, please | Email Address |
| City NORTH SALT LAKE State UT Zip | |
| Title Managing Member | ID Type ■ Driver License, or □ Other Specify ID Issuer UT ID Number |
| Mobile/Work Phone (| ID Issue date ID Expiration |
| AGREEMENT AND CERTIFICATION: | |
| By signing below you certify that the business/organization does not engage in internet gambling activitic consumer reporting agencies and other information it considers appropriate from time to time. You agree the Credit Union, and any other information the Credit Union receives. Signing below constitutes an agriforth in the Membership Agreement, together with any schedules or addendums, receipt of which is hereby | e that the Credit Union may retain this form, the additional documentation provided as required by reement to conform to the Credit Union bylaws as well as all applicable terms and conditions se |
| A completed Depository Resolution and Agreement ("Resolution") will be required for all entities or organincorporated Resolution, and amendments if applicable, in connection with this Signature Card, shall only | |
| AUTHORIZED SIGNATURE: You acknowledge that you are duly authorized to act with respect to the account, and the Credit Union account until the Credit Union receives written instructions to the contrary from a Principal identified on the time by the Company. This Signature Card shall apply to all depository services obtained on this account of the contrary from the contra | e incorporated Resolution. Your authority to act with regard to the account may be revoked at any |
| 03 102 12023 | |
| Signature of Authorized Signer (person named above) Date | |
| The Company Authorization below must be signed by a Principal in the present DO NOT SIGN THE COMPANY AUTHORIZATION UNTIL INSTRUCT COMPANY AUTHORIZATION: (to be signed by a current Principal as record By signing below you certify that the person listed above is authorized by the Company to conduct transformany and that you witnessed the person sign this document. | TED BY THE CREDIT UNION EMPLOYEE OR NOTARY! rded on the Resolution previously executed by the Company) |
| | 1 |
| Signature of Principal (corresponds to a Principal listed on Resolution) Date | Name of Principal |
| State of County of | Name of Amelijan |
| On this day of, 20, personally appeared before me, to be the person whose name is subscribed as Principal above, and acknowledged that he | , proved to me on the basis of satisfactory evidence /she executed the same. |
| s | |
| Ē. | Notary Public |
| <u>t</u> | Commission Expires |
| CREDIT UNION AUTHORIZATION: (to be signed by a Credit Union emplor I have personally reviewed the most recent Depository Resolution and Agreement or subsequent Christopalure Card is named by the Company on that document as a Principal. I authorize the addition of the witnessed the Principal sign this card to allow the addition of the Authorized Signer. | ange Current Principals dated US/02/2023 and verified that the person authorizing this |
| x 03 02 2023 | 3906 |
| Signature of Credit Union Employee Date | Teller # |

Form COMMSIGNER (Revised May 2012) Page 1 of 1

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| For CU Us | e Only |
|-----------|--------------------|
| Account N | |
| Branch 0 | 15 Date 03/02/2023 |
| Approved | by # 3906 Initials |

MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS DEPOSITORY RESOLUTION & AGREEMENT

| Proprietor/Business/Organization Name IX GLOBAL | (the "Company") Email Address |
|---|--|
| DBA Name (for all Proprietors and for LLCs or Corporations using a DB | BA name) |
| Street Address | Business Taxpayer Identification Number (SSN/EIN) |
| NORTH SALT LAKE State UT | Zip Office Phone (|
| Mailing Address (if different) | Date of Organization 09/21/2020 |
| What is the primary nature (function) of this business? SALES AN | ID MADVETVING |
| vitat is the primary nature (function) of this business? DALLO AIN | ID MARKETKING Annual Sales \$ |
| Business Type (Check only one) ☐ Sole Proprietorship (one owner) ☐ Partnership ☐ Limited | d Liability Company Single Member - Limited Liability Company Corporation Unincorporated Association (e.g. associations, clubs, groups, etc.) |

"RESOLVED, that Mountain America Federal Credit Union, of West Jordan, Utah ("Credit Union") is hereby designated as a depository in which the funds of the Company may, from time to time, subject to the membership agreements, regulations and by-laws of the Credit Union, be deposited by any of its officers, agents or employees; and that any officer, agent or employee of this Company is hereby authorized on behalf of the Company, which endorsement may be in writing, by stamp, or otherwise, with or without designation or signature of the person so endorsing, it being understood that on all such items all prior endorsements are guaranteed by the Company, irrespective of the lack of an express guarantee in the endorsement of the Company. The Credit Union may accept any instrument for deposit to any depository account of the Company without endorsement or may supply the endorsement.

20 23and that such resolutions are now in full force and effect.

FURTHER RESOLVED, that the Credit Union is hereby authorized to pay or otherwise honor and pay and charge to the accounts of the Company any checks, notes, or other orders for the payment, or withdrawal of any such funds when executed in the name of the Company and signed by any authorized signatory ("Authorized Signer") designated by the Company on any of the Business Account Authorized Signer Signature Cards. Authorized Signers shall have authority to conduct transactions on any of the individual depository shares associated with the account where normal deposits and withdrawals are allowed. The Credit Union is also authorized to honor instructions for the internal transfer of funds between different accounts of the Company without written authorization.

FURTHER RESOLVED, that the disposition of the account, or any of the associated individual depository shares including adding or deleting Authorized Signers must be authorized by one of the principals, designated in this resolution. A principal ("Principal") is an Officer (for Corporations or Associations), a Manager or Managing Member (for LLCs), a General Partner (for Partnerships), or an Owner (for Proprietorships). Principals must also be Authorized Signers on the account. The Secretary, Manager, Managing Member, Proprietor or General Partner, as the case may be is hereby authorized and directed from time to time to furnish the Credit Union statements of the names of the then Principals of the Company who are authorized to act under this resolution and Credit Union shall be entitled to rely upon such statement until it receives a later statement of such person or persons changing such names. The Company will provide a certification to the current Principals and/or additional documentation at any time prior to the Credit Union allowing changes to the account or the involuntary removal of equity owners as Principals.

FURTHER RESOLVED, that Credit Union be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereinafter called "Process") received by or served upon Credit Union, which in Credit Union's opinion affects any and all of the Company's deposit accounts with Credit Union, and Credit Union may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from any and all of the Company's deposit accounts and may either hold the balance therein until Process is disposed of to Credit Union's satisfaction, or to pay the balance over to the source of the Process.

FURTHER RESOLVED, that the Company assumes full responsibility and holds harmless Credit Union for any and all payments made or any other actions taken by Credit Union in reliance upon the signatures, including facsimiles thereof, of any person or persons identified as an Authorized Signer on any signature card(s) delivered by the Company to Credit Union from time to time, regardless of whether or not the facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to the instrument if such signatures reasonably resemble the specimen or facsimile signatures as provided to Credit Union, or for refusing to honor any signatures not provided to Credit Union, and that the Company agrees to indemnify Credit Union against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by Credit Union resulting or arising out of any such payment or other action.

FURTHER RESOLVED, that the Company authorizes the issuance of Visa Check (Debit) Cards in the name of the Company which will be provided to the Authorized Signers. You agree to notify the Credit Union immediately upon the termination of any person who has been issued a Visa Check Card. The Company will be fully obligated for the payment of all authorized transactions conducted by the cardholders and any related fees.

FURTHER RESOLVED, that the Credit Union shall not be liable for any direct or consequential loss (including damages, claims, lawsuits, costs, expenses, and attorney fees), the Company may incur as a result of any improper, unlawful or dishonest act by Authorized Signers or Principals, except as may be caused by Credit Union's gross negligence or unlawful act.

FURTHER RESOLVED, this resolution shall continue in full force and effect until written notice of revocation has been duly received by Credit Union and Credit Union has had reasonable opportunity to act thereon."

Depository Resolution (Revised January 2019) Page 1 of 2

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 Page ID 1023 Page 139 of IN WITNESS WHEREOF, each person signing below further certifies that he/she has received authority to engage in such action for the Company and that there are no provisions in the Articles of Incorporation, as amended to date, or the Operating Agreement, as amended to date, or the by-laws of the Company limiting the power of the undersigned to enact the foregoing resolution and that the same is in conformity with the provisions of said Articles of Incorporation, Operating Agreement, or By-laws.

Each such person hereby makes application for a business/organization account and membership in the Credit Union and certifies that as applicable, that the Company meets the requirements for membership at the Credit Union and that the Company does not engage in internet gambling activities, is not a prohibited business, listed on the Credit Union's Restricted Business List, and is not a Money Service Business (MSB). Each such person certifies that all steps necessary to formally establish the Company referenced have been executed. Each such person agrees to provide Credit Union with a copy of documents, supporting entity creation, prior to opening the account.

The undersigned further certifies that the following are the names and signatures of the present Principals of said Company. Principals not listed on this resolution, or any amendments, will not be recognized as Principals for the purposes permitted in this resolution. Amendments may require additional documentation to substantiate involuntary removal of equity owner Principals.

List only officers (for Corporations or Associations), Managers or Managing Members (for LLCs), General Partners (for Partnerships), or an Owner (for Proprietorships). Only Principals may authorize the addition or deletion of Authorized Signers. Authorized Signers shall be designated on additional documents.

| Name Title | |
|--|---|
| JOSEPH MARTINEZ Mar | aging Member ☐ Check if Equity Owner |
| | ☐ Check if Equity Owner |
| | □ Check if Equity Owner |
| | □ Check if Equity Owner |
| | □ Check if Equity Owner |
| Given under my hand this 02 day of March, 20 23 | |
| For Corporations or Unincorporated Associations or Government | nt: For a Partnership: (all general partners must sign) |
| | |
| Signature Secretary | Signature General Partner |
| | |
| Name of Secretary | Name of General Partner |
| For an LLC: | xSignature General Partner |
| * | |
| Signature Manager or Managing Member | Name of General Partner |
| Name of Manager or Managing Member | Signature Conerel Portner |
| Postering of Control and State Control | Signature General Partner |
| For a Sole Proprietorship: | Name of General Partner |
| × | ise |
| Signature Proprietor/Owner | Signature General Partner |
| Name of Proprietor | Name of General Partner |
| SUBSTITUTION of | Company of Activities and Activities |
| | Social security number |
| TAXPAYER IDENTIFICATION NUMBER (TIN) | |
| Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For most other entities, it is your employer identification number (FIN). If you do not have a TIN you may | OR Employer identification number |
| For most other entities, it is your employer identification number (EIN). If you do not have a TIN you ma "Applied For" in the space for the TIN. "Applied For" means that you have already applied for a TIN or thintend to apply for one soon. | at you |
| CERTIFICATION | |
| Under penalties of perjury, I certify that: | ☐ Check if Exempt from backup withholding |
| The number shown on this form is my correct taxpayer identification number (or I am waiting). I am not subject to backup withholding because: (a) I am exempt from backup withholding, withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified. I am a U.S. person (including a U.S. resident alien) | or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup |
| Certification Instructions. You must check here □ and cross out item 2 above if you have been notified all interest and dividends on your tax return. | d by the IRS that you are currently subject to backup withholding because you have failed to report |
| THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHOLDING. | NT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE |
| Signature of U.S. Person → | Date → 03/02/2023 |

Depository Resolution (Revised January 2019) Page 2 of 2

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200 E South Temple Salt Lake City, Utah 84111 (801) 320-2600

Commercial Membership Application & Agreement

| Business Name BUSINESS FUNDING SOLUTIONS, LL | _C | | 10.000,000,000,000,000,000 | | A | ccount Number | | | | Br. No. |
|---|---|-------------------|---|--|---|-------------------------------|--|------------------------|----------|-----------------------|
| Account Type(s): Base Saving | Base Savings ☐ Business Basic Checking ☐ Non-Profit Checking ☐ Business Sweep Checking ☐ Business Money Market ☐ Business Certificate (term | | | | | ☐ Business Advantage Checking | | | | |
| Business Classification: Sole Proprie | | | nership ited Partnership | ☐ Limited Liability Partnership ☐ Limited ☐ Unincorporated Association ☐ ☐ | | | | Liability Company/PLLC | | |
| IMPORTANT IN | FORMAT | ION A | BOUT PROCEDI | URE[S] FO | OR OPE | NING A | NEW | ACCOU | NT | |
| To help the government fight the funding of te- identifies each person who opens an Account. | rrorism and mo | ney laur | ndering activities, Federa | l law requires | s all financ | ial institution | s to ob | tain, verify, | and rec | cord information that |
| What this means for You: When You open an Ac to see Your driver license or other identifying doc | count, We will | ask You | for Your name, address, o | date of birth, a | nd other in | formation that | t will a | llow Us to ide | entify Y | ou. We may also ask |
| Account Owner Information | | | | N | fember Eligi | ibility | | | | |
| Business Name | | | | *************************************** | | Business Lice | ense No. | /Exp. Date | T | Years Established |
| BUSINESS FUNDING SOLUTIONS, LL | | 0574 and Victoria | | | | | | neforfee | 496 | 38 |
| Business Address 1086 E Skyler Dr | Apt/Box City Draper | | | | State | | | | | Zip 84020 |
| Mailing Address | Apt/Bo | X | City | | | | | State | | Zip |
| Business Telephone Number Mobile Telephon | ie Number | Busir | ness Fax Number | Business E- | Mail Addres | s | | L | | No. of Employees |
| | i i | | | info@fu | ndyoure | in.com | | | | 0 |
| Social Security Number /Employer Identification Number | er Contact | t(s) | | | S Car | | | | Busines | 0.00 |
| Business Owner/Officer 1 Informa | tion | | | N | Member Eligi | ibility | | | | |
| First | Last | | | | M.I. | Suffix | Title | · | | |
| Jason | Anderso | | T max | | | | | State | | Zin |
| Address | Apt/Bo | X | City Draper | | | | | UT | | Zip |
| Home Telephone Mobile Telephon | ne Number | Busir | ness Telephone | E-Mail Add | iress | | | | Birth D | ate |
| | | | | | | n | Designation of the Control of the Co | | | <u> </u> |
| Social Security Number | Driver License | Number/S | ate/Exp. Date | Employer | | | | | Annual | Income |
| Business Owner/Officer 2 Informa | tion | | The second section of the | Ŋ | dember Elig | ibility | | | | |
| First | Last | | | | M.I. | Suffix | Title | | 2.00 | |
| Address | Apt/Bo | х | City | | L | | | State | | Zip |
| Home Telephone Mobile Telephon | me Telephone Mobile Telephone Number Business Telephone E-Mail A | | | E-Mail Add | E-Mail Address Birth Date | | | | Date | |
| Social Security Number | ocial Security Number Driver License Number/State/Exp. Date | | | Employer Annual Inco | | | | | Income, | |
| | | 01-31-3 | | J | | **** | | 3 | | |
| Business Owner/Officer 3 Informa | Last | | |) | M.I. | Suffix | Title | | | |
| Filst | Last | | | | | | | | | |
| Address | Apt/Bo | X | City | | | | | State | | Zip |
| Home Telephone Mobile Telephon | ne Number | Busin | ness Telephone | E-Mail Ada | dress | | | L | Birth E | Date |
| Social Security Number | cial Security Number Driver License Number/State/Exp. Date | | | Employer An | | | | Annual | Income | |
| Business Owner/Officer 4 Informa | tion | | | | Member Elig | ibility | | | | |
| First | Last | | | | M.I. | Suffix | Title | | | |
| Address | Apt/Bo | × | City | | | 1 | | State | | Zip |
| Home Telephone Mobile Telephon | ne Number | Busi | ness Telephone | E-Mail Ad | dress | | | 1 | Birth E | Date |
| Social Security Number | Driver License | | | Employer | | | | | Annua | l Income |

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| TICA | Charle | Cand/Matt | Tallan/Cook | Managamant | Mahila | Dankina |
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| ACIV | CHECK | Carumen | eller/Cash | Management | /IVIODIIC | Danking |

| VISA Check | Card/NetTeller/Cas | h Management/ | Mobile Banking | | | |
|---|---|---|--|---|--|--|
| You are requesting the number of Automates You would like. | ne convenience of 24-hour access of Teller Machine (ATM) and COC | o Your Utah First Federa P networks, including the | I Credit Union Account, in con Credit Union's ATM machine | junction with a Personal Identification Numbers and will also allow You to pay for services an | r (PIN) or Access Code. Your Card will allow You to use a nd purchases directly from Your checking account. | |
| I ou would like. | VISA Check Card | ☑ NetTeller | ☐ Cash Management | Mobile Banking | | |
| Name on Card 1: | Jason Anderson | | 70 | Name on Card 2: | | |
| Name on Card 3: | | | | Name on Card 4: | | |
| ☐ If this box is ch You have read, Yo | | vide documentation to its terms. Your consen | You electronically according t to receive electronic docu | g to the Consent to Receive Electronic Doc mentation will not be effective unless and | cumentation Disclosure, which You acknowledge that until You electronically affirm Your consent with the | |
| Taxpaver Ide | entification and Back | up Withholding | | | | |
| Under penalties of pe withholding because: | rjury, You certify that: (1) The nur (a) You are exempt from backup wi | nber shown on this form is thholding, or (b) You have | s Your correct taxpayer identific not been notified by the Interna | ration number (or You are waiting for a number I Revenue Service (IRS) that You are subject to to scitizen or other U.S. person (defined below); an | to be issued to You), and (2) You are not subject to backup backup withholding as a result of a failure to report all interest id (4) You are exempt from FATCA reporting. | |
| Certification instru- Your tax return. | etions. You must cross out item 2 | above if You have been r | notified by the IRS that you are | e currently subject to backup withholding beca | use You have failed to report all interest and dividends on | |
| Definition of a U.S. person. For federal tax purposes, You are considered a U.S. person if You are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in IRS Regulations 26 CFR § 301.7701-7). | | | | | | |
| Foreign person. If Y Credit Union represe | | foreign person, do not use | e this certification. Instead, use | Form W-8 (Withholding of Tax on Nonresiden | nt Aliens and Foreign Entities) which can be obtained from a | |
| Authorized S | | | | | 88 J 14 8 8 8 8 8 8 8 8 | |
| Accounts now or in t | ritten instructions to the contrary, he future. Utah First Federal Cred of any signature below. | the following are authori it Union is authorized to p | zed to deposit and withdraw to pay out funds and/or transact at | ands from each Account established under this ny other business related to such Accounts with | application and transact any other business related to such any one of the signatures below, and is further authorized | |
| Name | C047 | | Title | | Driver's License Number / State | |
| Jason Anders | ion // | | Member | | <u>/UT</u> | |
| Signature: | Je - | | | | 1 <u>0</u> | |
| Signature: | | | - | | | |
| Signature | | | | | | |
| A CONTRACTOR | | | | | | |
| Signature: | | | | | | |
| Signatures You hereby apply for | r membership with Utah First Fe | leral Credit Union. You | warrant that You are authorize | d to apply for such membership and establish | such Account(s), and You further warrant the truth of the on by Us in determining Your membership eligibility. You | |
| hereby authorize Us, for membership and Account(s) and You request, including, b Account Services be to follow Your writt | Our employees and agents to inv to the bylaws, rules and regulatio agree to be bound by the terms ar ut not limited to, providing credit | estigate and verify any info ns of Utah First Federal Conditions found thereis and employment history the addition or deletion of and You agree that Yo | formation provided to Us by Y Credit Union in effect from tirn In You authorize any person, a information. In addition to est of Authorized Signer(s) of You ur continuing authorization wi | ou. By signing below, You agree to be bound be to time. You further acknowledge receiving ssociation, firm, corporation or personnel offic ablishing a primary Share Account, You may ir Account(s). Your signature below is Your co till remain in effect unless We receive written | by the terms and conditions found within Your application a copy of the Agreements and Disclosures related to Your se to furnish information concerning Your affairs upon Our also from time to time request additional Accounts and/or ontinuing authorization for Utah First Federal Credit Union instructions to the contrary. You hereby authorize Us to | |
| The Internal Reven | se Service does not require Your | consent to any provision | of this document other than | the certifications required to avoid backup w | ithholding | |
| fler | | | 5/31/2018 | Puernaes Owner/Officer #7 Semature | Date | |
| But less Owner/Off | cer #1 Signature | Da | ne | Business Owner/Officer #2 Signature | Date | |
| Business Owner/Off | icer #3 Signature | Da | ate | Business Owner/Officer #4 Signature | Date | |
| Credit Union | Use Only | | | | | |
| | | | | | | |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1026 Page 142 of 200 E South Temple Salt Lake City, Utah 84111 (801) 320-2600 Deposit Resolution/Authorization

| Corporate / Association Resolution | | 100 |
|--|--|--|
| I, the undersigned Secretary of | Corporation: DAs: | a , a sociation (the "Entity"), hereby certify that at a meeting |
| of the Board of Directors, duly called and held in accordance | with its charter and by-laws on | , at which a quorum was present and |
| voting throughout, by unanimous written consent of the Boaccordance with its charter, by-laws, and applicable law and the | pard of Directors, dated | , the following Resolutions were adopted in ded or rescinded and are now in full force and effect: |
| "RESOLVED | | ¥ |
| funds on deposit from Utah First Federal Credit Union, and | thorized in the name and on behalf of this Entity transact any other business with the Credit Uni | of this Entity, or any from time to time to deposit, withdraw and/or transfer ion incidental to the powers herein above granted. The |
| Credit Union shall be under no obligation to see to the applic | ## \$45 \$45 \$45 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 | bandla selection of the selection of |
| Any action heretofore taken by any officer of this Entity wi That the Secretary is hereby directed to file with the Cred | 30/ | A |
| signature, who are the present holders of the said offices who | shall continue respectively to hold the same until | otherwise notified in writing by the Secretary. |
| 4. That these Resolutions, insofar as said Credit Union is c the Secretary of the changes, if any, therein." | oncerned, shall continue in full force and effect | until receipt by said Credit Union of written notice from |
| I hereby further certify that the above Resolutions do no referred to in the foregoing Resolutions and their specimen | ot conflict with the provisions of its charter or its signatures are set forth below. | s by-laws, and that the present holders of the offices |
| Name (Typed) | Title (Typed) | Officer's Specimen Signature |
| | | |
| | | |
| Unless We receive written instructions to the contrary, the fo | | if and withdraw funds from each Account actablished by |
| You and transact any other business related to such Account other business related to such Accounts with any one of the si | ts now or in the future. Utah First Federal Credit | Union is authorized to pay out funds and/or transact any |
| Name (Typed) | Title (Typed) | Employee's Specimen Signature |
| | | <u> </u> |
| | | |
| | | 9 |
| | | * ************************************* |
| Authorization for Partnership Transaction | s | |
| The following agreements and authorizations are continuing a of said Partnership You jointly and severally represent to an business ("Partnership") conducted by You as partners under the conducted by You are partners under the conducted by You ar | id agree with the Credit Union that You are the o | tions of the Partnership to the Credit Union. As members owners of and the only ones interested in a Partnership at |
| and that said business filed if required by law. It is agreed that any one of You show | s is not incorporated and that a Certificate of Ficti | itious or Assumed Name of said Partnership has been |
| transfer funds on deposit from the Credit Union; and (b) trans | sact any other business with the Credit Union inci- | dental to the powers herein above granted. The Credit |
| Union shall be under no obligation to see to the application o as to all transactions entered into until the Credit Union receive | es, at the place designated by the Credit Union, w | ritten notice to the contrary signed by one of You. |
| Partnership Signature Date Partnership | nership Signature Date | Partnership Signature Date |
| Unless We receive written instructions to the contrary, the f by You and transact any other business related to such a transact any other business related to such Accounts with a | Accounts now or in the future. Utah First Feder | ral Credit Union is authorized to pay out funds and/or |
| Name (Typed) | Title (Typed) | Employee's Specimen Signature |
| | | |
| | | |
| | | |
| | | |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1027 Page 143 of □ Authorization for Sole Proprietorship Transactions 211 The following agreements and authorizations are continuing and are to apply to all present and future transactions of the Sole Proprietorship to the Credit Union. As owner of said Sole Proprietorship You represent to and agree with the Credit Union that You are the sole owner of and the only one interested in such Sole Proprietorship ("Sole Proprietorship") conducted by You as owner(s) under the firm name of _ and that said business is not incorporated and that a Certificate of Fictitious or Assumed Name of said Sole Proprietorship has been filed if required by law. You are authorized on behalf and in the name of this Sole Proprietorship to: (a) deposit, withdraw and/or transfer funds on deposit from the Credit Union; and (b) transact any other business with the Credit Union. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever. The foregoing authorizations are continuing and are to remain in effect as to all transactions entered into by You. Sole Proprietorship Signature Date Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below. Name (Typed) Title (Typed) Employee's Specimen Signature ☑Limited Liability Company Resolution ____, a limited liability company ("Company"), validly The undersigned members of Business Funding Soluttions, LLC organized and operating as required by law, hereby certify to_ ("Credit Union"), that the following is a true and correct copy of a resolution duly adopted at a meeting of all members of the Company, or all of the individuals appointed by the members to manage the Company ("Managers"). This Resolution was adopted on 05/31/18 "RESOLVED: That the undersigned certifying this Resolution is hereby authorized and directed to certify this Resolution, and that the provisions contained therein conform to and are in accordance with, the Company's articles of organization and operating agreements, and to provide the names and specimen or facsimile signatures, if requested by the Credit Union, of the individuals authorized below. That the Credit Union may rely upon the certification as to such members or Managers authority to execute this Resolution and make the representations within this Resolution. That all Managers or members of the Company whose signatures appear below, or any_ of them are authorized for and on behalf of the Company to do anything necessary or required: (1) deposit, withdraw and/or transfer funds on deposit from the Credit Union; and (2) transact any other business with the Credit Union incidental to the powers herein above granted. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever." That notwithstanding any modification or termination of the power of any Manager or member to represent the Company, this Resolution shall remain in full force and effect and bind the Company and its legal representatives, heirs, or the Company's successors or assigns until written notice to the contrary signed by or on behalf of all Managers or members is received by the Credit Union, and that receipt of such notice shall not affect any prior action taken by the Credit Union in reliance on this Resolution. If such notice is received by the Credit Union, then the Credit Union may, at their sole discretion, continue to rely on this Resolution as modified by such notice, or refuse to conduct further transactions and require delivery of a new Resolution of Limited Liability Company. That notwithstanding any of the provisions of the Resolution, and the knowledge of the Credit Union of the dissolution of the Company, the Credit Union may continue to honor any remaining signature certified by this Resolution, unless the Credit Union has received written notice signed by or on behalf of all Managers or members that the Credit Union should not continue to honor such signatures. Name (Typed) Title (Typed) Specimen Signature Jason Anderson Member I certify that the foregoing are the titles, names and genuine signatures of the present Managers and members of the Company authorized by the above Resolution. IN WITNESS WHEREOF, I have subscribed my name on Signature Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below. Name (Typed) Title (Typed) Employee's Specimen Signature



Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1028 Page 144 of SIGNATURE CARD - BUSINESS

| ACCOUNT TITLE: CALMFRITZ HOLDINGS LLC | | | | | |
|--|--|--|--|--|--|
| ADDRESS: 10081 S ROCKVIEW DR | TIN | | | | |
| | PHONE: (801) 554-6955 | | | | |
| CITY: SANDY STATE: UT TYPE OF BUSINESS: Limited Liability Company | ZIP: 84092-4163 | | | | |
| The continues of producting transport representations are an articles to a production of the continues of th | | | | | |
| TYPE OF ACCOUNT: Silver Business Checking | | | | | |
| OWNERSHIP: Limited Liability Company Account Holder Name(s) | Account Number | | | | |
| CHADWICK CALMES, JOO | 74054 | | | | |
| MATTHEW DILLION FRITZSCHE, JOO | 74004 | | | | |
| MONICA M CALMES, SWL | | | | | |
| <u> </u> | | | | | |
| DATE OPENED: 07/14/2022 TIME OPENED: 02:51 PM OPENE | ED BY: Ruth C Lake OFFICE: 03904 | | | | |
| the Internal Revenue Service (IRS) that I am subject to backup with dividends, or (c) the IRS has notified me that I am no longer subjects (3) I am a U.S. Citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating Certification Instructions. You must cross out item 2 above if you back up withholding because you have failed to report all interest a 2 does not apply. For mortgage interest paid, acquisition or abandon. | bject to backup withholding, and g that I am exempt from FATCA reporting is correct. but have been notified by the IRS that you are currently subject to and dividends on your tax return. For real estate transaction, item | | | | |
| The Internal Revenue Service does not require your consent to required to avoid backup withholding. | to any provision of this document other than the certifications | | | | |
| E-SIGNed 07/14/2022 by CHADWICK CALMES CHADWICK CALMES Date: | ixio | | | | |
| Terms And Conditions: The bank is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. All transactions shall be governed by applicable laws and the bank's terms (copy acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon request of the bank, any consumer reporting agency is hereby instructed to furnish a consumer report relating to the undersigned to the bank. Refer to resolution file for authorization of signatures where authorization is required. By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy. | | | | | |
| E-SIGNED 07/14/2022 by CHADWICK CALMES | E-SIGNED 07/14/2022 by MATTHEW DILLION FRITZSCHE | | | | |
| CHADWICK CALMES Date: | MATTHEW DILLION FRITZSCHE Date: | | | | |
| E-SIGNED 07/14/2022 by MONICA M CALMES | | | | | |



RESOLUTION OF LIMITED LIABILITY COMPANY

Authority to open accounts, make deposits, and withdraw funds

Account Numb 74054

I, CHADWICK CALMES, HEREBY CERTIFY:

- I am the duly elected, qualified and acting Secretary, Manager or Authorized Member of the limited liability company named *CALMFRITZ HOLDINGS LLC ("Company"), which is organized, validly existing, and in good standing under applicable laws.
- As of 07/14/2022 (date), this resolution is duly authorized, in full force and effect, and has not been amended or rescinded.
- The following individuals are designated as authorized agents of the Company. The authorities granted by this resolution have not been revoked, modified, annulled or amended in any manner whatsoever. Any authority granted shall remain in full force and effect until revoked in writing by the Company.

AGENTS AUTHORIZED TO ACT ON BEHALF OF COMPANY

Additional individuals and their signatures may be noted on an attachment, if required.

| NAIVIE / TITLE | SIGNATURE SPECIIVIEN |
|----------------------------------|---|
| CHADWICK CALMES, OWNER | E-SIGNED 07/14/2022 by CHADWICK CALMES |
| MATTHEW DILLION FRITZSCHE, OWNER | E-SIGNED 07/14/2022 by MATTHEW DILLION FRITZSCHE |
| MONICA M CALMES, SIGNER | E-SIGNED 07/14/2022 by MONICA M CALMES Monice M Calmus |



RESOLUTION OF LIMITED LIABILITY COMPANY (CONTINUED)

Authority to open accounts, make deposits, and withdraw funds

IT IS RESOLVED THAT:

- U.S. Bank, N.A. ("Bank") is designated as a depository of the Company.
- The authorized agents of the Company shall have the authority to:
 - o **DEPOSIT** the funds of the Company into the above-referenced account(s) subject to the present and future account terms and conditions.
 - o WITHDRAW the funds of the Company through any and all types of transactions (including but not limited to: executing checks, drafts, bills of exchange, acceptances, wires, funds transfers and other instruments and orders for the payment of money). This authority includes any and all transactions drawn to the individual order of an authorized agent and/or deposited into the individual account of such authorized agent.
 - o **PROVIDE** instructions with respect to the account(s) of the Company and enter into agreements relating to the account(s) of the Company on behalf of the Company upon such terms and conditions as he or she may deem appropriate.
 - o APPLY for and receive loans, lines of credit, and letters of credit on behalf of the Company, including making pledges for property belonging to the Company as security to the Bank, and to execute and deliver any and all notes, agreements or other documents necessary for such borrowing or security on behalf of the Company.
- The Bank is authorized to honor the facsimile or mechanical signature of any and all authorized agents. A facsimile or mechanical signature is presumed valid regardless of by whom or what means the facsimile signature may have been affixed as long as the facsimile signature reasonably resembles the signature specimen of the authorized agent. Company indemnifies and holds the Bank harmless from any and all claims and liabilities arising from any transaction bearing a facsimile signature as authorized in this resolution.

IN WITNESS WHEREOF, this Resolution of the Company has been executed on 07/14/2022 (date).

E-SIGNED 07/1/2022 by CHADWICK CALMES

CHADWICK CALMES (Secretary / Member / Manager) Date

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| WaFd Bank | Master Business Deposit Account Signature Card |
|---|---|
| I. ACCOUNT INFORMATION | |
| Select One: New Account Replace Existing Signature Card | |
| Primary Account Owner Name: Blox Lending LLC | |
| Account Owner Address: Lewes, DE, | |
| | |
| Account Owner Phone: Accounts on attached Exhib | pit A |
| Primary Account Owner TIN: Shared TIN | |
| II. AFFILIATED ENTITY | |
| Affiliated Entity Account Owner Name | TIN |
| | |
| Additional affiliated entities listed on attached Exhibit B | |
| III. ACCOUNT OWNER AUTHORIZATION AND AGREEMENT | |
| By signing below, the account owner(s) listed above, including any affiliated entities listed in Section WaFd Bank ("Bank"), at its discretion, to open one or more business or non-personal deposit actions specified the Section V list of Authorized Signers ("Authorized Signers"), and upon receipt Client without obtaining an additional Signature Card ("Accounts"). Accounts opened hereunder are is made a part of this Signature Card, as such Exhibit A may be amended or supplemented by Client Exhibit A or new entity to Exhibit B will only be effective when Bank receives an amendment to Exhibit Changes to Authorized Signers will only be effective when Bank receives an amendment sole discretion. Client acknowledges and agrees that all Accounts opened under this Signature Card Business Deposit Account Agreement and Disclosures ("Agreement") and fee schedules ("Fee agreements and disclosures covering banking services used by Client, all as may be amended by Ba of the Agreement and Fee Schedules. | counts owned by Client and with the Authorized pt of electronic, written or oral instructions from a listed above and on the attached Exhibit A, which it from time to time. Addition of a new account to hibit A or B in a form acceptable to Bank in its sole in to Section V in a form acceptable to Bank in its did are governed by the terms and conditions of the e Schedules") governing the Accounts, and any |
| Client authorizes Bank to operate all current and future Accounts opened under this Signature Card (i) to act upon instructions from any Authorized Signers to deposit, withdraw or transfer funds to honor the signature of any of the Authorized Signers on checks (if withdrawal by check is perm electronic, written or oral requests for withdrawals or transfers of funds; and (iii) to act upon transaction of any business on any Accounts covered by this Signature Card. Bank may rely on this Signature Card until Bank receives written notice revoking the authorization and has reasonable received, the authority conferred herein to the Authorized Signers will remain in full force. | or from any other Accounts; (ii) to recognize and nitted) and withdrawal slips and honor any other instructions from any Authorized Signer for the authorization for the Accounts opened under this |
| The individual signing below certifies that he or she is authorized to act on behalf of Client and that provided to Bank as evidence of the authority of Client or its Authorized Signers to act on behalf of full force and effect. \$\leq \leq \leq \leq \leq \leq \leq \leq | |
| Signature Date | Printed Name and Title |

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| IV. BACKUP WITHHOLDING CERTIFICATION |
|---|
| W9 on File W-88ENE on File (Foreign entity only) Or |
| Under penalties of perjury I certify that: The employer identification number or social security number shown on this form for this account owner is correct (or the account owner is waiting for a number to be issued) The account owner is not subject to backup withholding because (a) the account holder is exempt from backup withholding, (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding; The account owner is a United States entity/person |
| The term "United States person" means a citizen or resident of the United States, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, or any estate or trust other than a foreign estate of trust |
| Separature Date Printed Name and Title |

Attention New Customers: The information you provide to open a new Account is subject to the Bank's review and verification. Bank reserves the right to close an Account in the event we are unable to verify the information that you have provided.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

| FOR | BANK USE ONLY | 18 _ H - W | | | | |
|-------|---------------|------------|------|--------------------|----|--|
| Date: | 05/12/2022 | Branch #: | 1151 | Employee Initials: | ME | |

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| WaFd Bank | Master Business Deposit Account Signature Card |
|--|--|
| Primary Account Owner: Blox Lending LLC | |
| V. AUTHORIZED SIGNERS | |
| Authorized Signer Name and Title: Jason Anderson- Managing Member | |
| Update: Add Delete | |
| *Entity Name and/or Account *All Entities: **Dumbers: **All Accounts: **Dumbers: **List Entities: **Dumbers: **Dumbers: | |
| Makil | |
| | |
| Authorized Signer Name and Title: Jacob Anderson-Member Authorized Signer | |
| Update: Add Delete *Entity Name and/or Account All Entities List Entities: | |
| | |
| **Authority: E Signature: | |
| Authority: E Signature. | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| | |
| Numbers: All Accounts List Accounts: | |
| **Authority: Signature: | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| *Entity Name and/or Account All Entities List Entities: | |
| Numbers: All Accounts List Accounts: | |
| **Authority: Signature: | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| *Entity Name and/or Account All Entities List Entities: | |
| Numbers: All Accounts List Accounts: | |
| **Authority: Signature: | |
| Check box if additional signatures are on an additional page. | |
| * Note whether individual is Authorized Signer for all named business entities or only | for specified business entities. |
| ** Description of Authority: A - Open deposit accounts in name of Client; B - Endorse | checks and other payment orders; C - |
| Withdraw or transfer funds from Client accounts; D - Enter into agreements for tre B, C, and D. | asary services, and a full definiting ander by |
| Check box if this Section V. Authorized Signers amends a prior Section V. Authorized | Signers and sign below. |
| | of Amendment: 05/12/2022 |
| | |
| Jason Anders | on, Managing Member |
| //Signature Printed Nam | |

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| WaFd Bank | | Business Deposit Account Signature Card |
|--|--|--|
| I. ACCOUNT INFORMATION Select One: New Account Replace Existing Primary Account Owner Name: Blox Lending LLC | ng Signature Card | |
| Account Owner Address: Draper, UT | | |
| Account Owner Phone: Primary Account Owner TIN: | | Accounts on attached Exhibit A |
| II. AFFILIATED ENTITY | | |
| Affiliated Entity Accoun | t Owner Name | TIN |
| Additional affiliated entities listed on attached Exh | | |
| III. ACCOUNT OWNER AUTHORIZATION AND By signing below, the account owner(s) listed above, incleanthorizes WaFd Bank ("Bank"), at its discretion, to open of Authorized Signers specified the Section V list of Authorinstructions from Client without obtaining an additional Signature Control of Authorized Exhibit A, which is made a part of this Signature Control of a new account to Exhibit A or new entity to Exhibit A or new e | uding any affiliated entities one or more business or non ized Signers ("Authorized Signature Card ("Accounts"). A lard, as such Exhibit A may be biblit B will only be effective athorized Signers will only be nowledges and agrees that all outh Agreement and Disclosurs covering banking services used to be a such as a such a | personal deposit accounts owned by Client and with the gners"), and upon receipt of electronic, written or oral accounts opened hereunder are listed above and on the elemented or supplemented by Client from time to time, when Bank receives an amendment to Exhibit A or B in a effective when Bank receives an amendment to Section V. Accounts opened under this Signature Card are governed ares ("Agreement") and fee schedules ("Fee Schedules"). |
| Client authorizes Bank to operate all current and future A includes: (i) to act upon instructions from any Authorized recognize and honor the signature of any of the Authorized any other electronic, written or oral requests for withdrawal the transaction of any business on any Accounts covered be under this Signature Card until Bank receives written notice actually received, the authority conferred herein to the Authority descriptions. | Signers to deposit, withdraw Signers on checks (if withdraw s or transfers of funds; and (if ty this Signature Card. Bank revoking the authorization ar | or transfer funds to or from any other Accounts; (ii) to val by check is permitted) and withdrawal slips and honor i) to act upon instructions from any Authorized Signer for may rely on this authorization for the Accounts opened and has reasonable time to act upon it. Until such notice is |
| The individual signing below certifies that he or she is au documents provided to Bank as evidence of the authority of and are still in full force and effect. | thorized to act on behalf of Client or its Authorized Sign | Client and that any resolutions, agreements, or other ers to act on behalf of Client are true and correct copies |
| signature | 1/14/2022 Date | Jason R Anderson - Owner Printed Name and Title |

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| WaFd Bank | | | | |
|---|--|---|---|--|
| IV. BACKUP WITHHOLDING CERTIFICA | ATION | | | |
| (if foreign entity, leave blank and use IRS Forr | n W-8) | | | |
| Exemptions: N/A | Exempt Payee Code: N/A | Exemption from FATCA reporting Code: | N/A | |
| Under penalties of perjury I certify that: 1. The employer identification number or social: | security number shown on this | form for this account owner is correct (or | the account owner is | |
| waiting for a number to be issued) 2. The account owner is not subject to backup v holder has not been notified by the Internal Reve or dividends, or (c) the IRS has notified the accour 3. The account owner is a United States person 4. Any FATCA code(s) entered on this form indicate | withholding because (a) the acco nue Service (IRS) that it is subject at owner that it is no longer subject ing that the account owner is exc | unt holder is exempt from backup withhol to backup withholding as a result of failure ect to backup withholding; empt from FATCA reporting is correct. | ding, (b) the account e to report all interest | |
| Instructions: Line out and initial item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The term "United States person" means a citizen or resident of the United States, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, or any estate or trust other than a foreign estate or trust. | | | | |
| MAU | 1/14/2022 | Jason R Anderson - Owner | | |
| Signature | Date | Printed Name and Title | | |

Attention New Customers: The information you provide to open a new Account is subject to the Bank's review and verification. Bank reserves the right to close an Account in the event we are unable to verify the information that you have provided.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

| FOR BANK USE ONLY | | | |
|-------------------|----------------|--------------------|----|
| Date: 1/14/2022 | Branch #: 1071 | Employee Initials: | JW |



| WaFd Ban | | | Business Deposit Acc Signature | |
|---|---|--|--|------|
| Primary Account Owner: Blox Lendi | | | | |
| V. AUTHORIZED SIGNERS | | | | |
| Authorized Signer Name and Title: Update: Add Delete | Jason R Anderson - | Owner | | |
| *Entity Name and/or Account Numbers: | All Entities All Accounts | - | | |
| **Authority: E Signat | ure: | <u> </u> | | |
| Authorized Signer Name and Title: | - | | | |
| Update: Add Delete *Entity Name and/or Account Numbers: | ☐ All Entities ☐ All Accounts | List Entities: List Accounts: | | |
| **Authority: Signat | | | | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signate | ☐ All Entities ☐ All Accounts ure: | List Accounts: | | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signature | ☐ All Entities | List Entities: List Accounts: | | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signatu | All Entities All Accounts | List Entities: List Accounts: | | |
| ** Description of Authority: A - Ope | are on an additional rized Signer for all na n deposit accounts in Client accounts; D - E | page. Imed business entities In name of Client; B - Er Enter into agreements | or only for specified business entities. Indorse checks and other payment orders; C - for treasury services ; and E - all authority unde | r A, |
| Date of Original Signature Card: | | | Date of Amendment: | |
| Signature | | | d Name and Title | |

Exhibit A - Accounts Listing

| WaFdBank Signature Exhibit A – Accounts L | | Signature Card | |
|--|---------------------------|----------------|------------|
| Primary Account Owner: Blox Lending LLC | | | |
| Accounts Listing | | | |
| Account Number | Update | Account Number | Update |
| 8442 | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| Check box if Exhibit A – Multiple Accounts | amends a prior Exhibit A. | | |
| FOR BANK USE ONLY | | | |
| Date: 1/14/22 Branch #: 1071 | Employee | Initials: JW | |

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| WaFd Bank | | Master Business Deposit Account Signature Card |
|--|---|---|
| I. ACCOUNT INFORMATION Select One: New Account Replace Existing Sign Primary Account Owner Name: UIU Holdings LLC | nature Card | |
| Account Owner Address: Lewes, DE, | | |
| Account Owner Phone: | Accounts on attache | d Exhibit A |
| Primary Account Owner TIN: | Shared Til | V |
| II. AFFILIATED ENTITY Affiliated Entity Account Own | | TIN |
| | | |
| Additional affiliated entities listed on attached Exhibit B | | |
| III. ACCOUNT OWNER AUTHORIZATION AND AGE By signing below, the account owner(s) listed above, including any. WaFd Bank ("Bank"), at its discretion, to open one or more busin Signers specified the Section V list of Authorized Signers ("Autho Client without obtaining an additional Signature Card ("Accounts"), is made a part of this Signature Card, as such Exhibit A may be am Exhibit A or new entity to Exhibit B will only be effective when Ban discretion. Changes to Authorized Signers will only be effective which sole discretion. Client acknowledges and agrees that all Accounts of Business Deposit Account Agreement and Disclosures ("Agreen agreements and disclosures covering banking services used by Clie of the Agreement and Fee Schedules. | affiliated entities listed in ness or non-personal de prized Signers"), and upon Accounts opened hereu ended or supplemented ik receives an amendme hen Bank receives an an opened under this Signal ment") and fee schedul | eposit accounts owned by Client and with the Authorized on receipt of electronic, written or oral instructions from under are listed above and on the attached Exhibit A, which by Client from time to time. Addition of a new account to not to Exhibit A or B in a form acceptable to Bank in its sole mendment to Section V in a form acceptable to Bank in its cure Card are governed by the terms and conditions of the less ("Fee Schedules") governing the Accounts, and any |
| Client authorizes Bank to operate all current and future Accounts of (i) to act upon instructions from any Authorized Signers to deposition the signature of any of the Authorized Signers on checks electronic, written or oral requests for withdrawals or transfers transaction of any business on any Accounts covered by this Signat Signature Card until Bank receives written notice revoking the authority conferred herein to the Authorized Signers | t, withdraw or transfer I (if withdrawal by check of funds; and (iii) to a ture Card. Bank may rely uthorization and has rea | funds to or from any other Accounts; (ii) to recognize and is permitted) and withdrawal slips and honor any other ct upon instructions from any Authorized Signer for the conthis authorization for the Accounts opened under this isonable time to act upon it. Until such notice is actually |
| The individual signing below certifies that he or she is authorized to provided to Bank as evidence of the authority of Client or its Auth full force and effect. | orized Signers to act on | behalf of Client are true and correct copies and are still in |
| 18th | 5-12-2 | Jason Anderson , Managing Member |
| gnature | Date | Printed Name and Title |

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| ZII | |
|---|---|
| IV. BACKUP WITHHOLDING CERTIFICATION | |
| W9 on File W-88ENE on File (Foreign entity only) Or | |
| Under penalties of perjury I certify that: The employer identification number or social security number shown of account owner is waiting for a number to be issued) The account owner is not subject to backup withholding because (a) the the account holder has not been notified by the Internal Revenue Service (I failure to report all interest or dividends, or (c) the IRS has notified the account holding; The account owner is a United States entity/person | e account holder is exempt from backup withholding, (b) IRS) that it is subject to backup withholding as a result of bount owner that it is no longer subject to backup |
| The term "United States person" means a citizen or resident of the United association created or organized in the United States or under the laws of the foreign estate or trust. | States, a partnership, corporation, company or the United States, or any estate or trust other than a |
| J. 1 5-12-22 | Jason Anderson, Managing Member |
| Splature Date | Printed Name and Title |
| Attention New Customers: The information you provide to open a new Account is sul right to close an Account in the event we are unable to verify the information that yo | |

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

| FOR BANK USE ONLY | | | | |
|-------------------|----------------|--------------------|----|--|
| Date: 05/12/2022 | Branch #: 1151 | Employee Initials: | ME | |

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| WaFd Bank | Master Business Deposit Account Signature Card |
|--|--|
| Primary Account Owner: UIU Holdings LLC | |
| V. AUTHORIZED SIGNERS | |
| Authorized Signer Name and Title: Jason Anderson- Managing Member | |
| Update: Add Delete | |
| | |
| **Authority: E Signature: 49/1 | |
| Authorized Signer Name and Title: Jacob Anderson- Member Authorized Signe | x |
| Update: Add Delete | |
| | |
| | |
| **Authority: E Signature: | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| *Entity Name and/or Account All Entities List Entities: Numbers: All Accounts List Accounts: | |
| **Authority: Signature: | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| · | |
| | |
| **Authority: Signature: | |
| Authorized Signer Name and Title: | |
| Update: Add Delete | |
| *Entity Name and/or Account All Entities List Entities: | |
| Numbers: All Accounts List Accounts: | (A) |
| **Authority: Signature: | |
| Check box if additional signatures are on an additional page. | |
| Note whether individual is Authorized Signer for all named business entities or o Description of Authority: A - Open deposit accounts in name of Client; B - Endors Withdraw or transfer funds from Client accounts; D - Enter into agreements for t B, C, and D. | se checks and other payment orders; C - |
| Check box if this Section V. Authorized Signers amends a prior Section V. Authorized | ed Signers and sign below. |
| Date of Organizature Card: 08/26/2021 Effective Date | e of Amendment: 05/12/2022 |
| | |
| 777 | erson, Managing Memberame and Title |
| Asignature Printed N | MILITA MILITA TINCA |



| WaFd Bank | 7.75 | Business Deposit Account Signature Card |
|--|---|--|
| I. ACCOUNT INFORMATION | | |
| Select One: New Account Replace Existing Signatur | re Card | |
| Primary Account Owner Name: UIU Holdings LLC | | |
| Account Owner Address: Lewes, DE | | |
| Account Owner Phone: | | Accounts on attached Exhibit A |
| Primary Account Owner TIN: | | |
| II. AFFILIATED ENTITY | | |
| Affiliated Entity Account Owner N | lame | TIN |
| | | |
| | | |
| | | |
| | | |
| Additional affiliated entities listed on attached Exhibit B | | |
| By signing below, the account owner(s) listed above, including any authorizes WaFd Bank ("Bank"), at its discretion, to open one or more Authorized Signers specified the Section V list of Authorized Signer instructions from Client without obtaining an additional Signature Cattached Exhibit A, which is made a part of this Signature Card, as such Addition of a new account to Exhibit A or new entity to Exhibit B will form acceptable to Bank in its sole discretion. Changes to Authorized Signature Card, as such acceptable to Bank in its sole discretion. Client acknowledges by the terms and conditions of the Business Deposit Account Agree governing the Accounts, and any agreements and disclosures covering below, Client acknowledges receipt of the Agreement and Fee Scheduling. | affiliated entities liste business or non-pers ("Authorized Signard ("Accounts"). Accounts"). Accounts with the confly be effective will only be effective will only be effective and agrees that all Accounts and Disclosures banking services uses. | ersonal deposit accounts owned by Client and with the lers"), and upon receipt of electronic, written or oral counts opened hereunder are listed above and on the amended or supplemented by Client from time to time, hen Bank receives an amendment to Exhibit A or B in a ffective when Bank receives an amendment to Section V Accounts opened under this Signature Card are governed es ("Agreement") and fee schedules ("Fee Schedules") ed by Client, all as may be amended by Bank. By signing |
| Client authorizes Bank to operate all current and future Accounts of includes: (i) to act upon instructions from any Authorized Signers to recognize and honor the signature of any of the Authorized Signers on any other electronic, written or oral requests for withdrawals or transfithe transaction of any business on any Accounts covered by this Signature this Signature Card until Bank receives written notice revoking to actually received, the authority conferred herein to the Authorized Signature. | deposit, withdraw checks (if withdraw ers of funds; and (iii) nature Card. Bank nhe authorization and | or transfer funds to or from any other Accounts; (ii) to all by check is permitted) and withdrawal slips and honor to act upon instructions from any Authorized Signer for nay rely on this authorization for the Accounts opened it has reasonable time to act upon it. Until such notice is |
| The individual signing below certifies that he or she is authorized to documents provided to Bank as evidence of the authority of Client or and are still in full force and effect. | to act on behalf of its Authorized Signe | Client and that any resolutions, agreements, or other rs to act on behalf of Client are true and correct copies |
| 12/1/ | | |
| the flater | 8/26/2021 | Jason Anderson Managing Member |
| Signature V | Date | Printed Name and Title |



| WaFd Ban | k | | Business Deposit Account Signature Card |
|--|---|--|---|
| Primary Account Owner: UIU Holdin | ngs LLC | | |
| V. AUTHORIZED SIGNERS | | | |
| Authorized Signer Name and Title: Update: Add Delete | Jason Anderson- M | anaging Member | |
| *Entity Name and/or Account Numbers: | All Entities All Account | | |
| **Authority: E Signa | ture: | | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: | All Entities All Accounts | List Entities: | |
| **Authority: Signa | | | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signar | | List Accounts: | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signa | All Entities All Accounts | List Accounts: | |
| Authorized Signer Name and Title: Update: Add Delete *Entity Name and/or Account Numbers: **Authority: Signa | All Entities All Accounts | List Entities: List Accounts: | |
| ** Description of Authority: A - Op | orized Signer for all n en deposit accounts n Client accounts; D - | amed business entities or in name of Client; B - End Enter into agreements fo | only for specified business entities. orse checks and other payment orders; C - or treasury services; and E - all authority under A, sized Signers and sign below. |
| Date of Original signature Card: | | | on I have many name. |

Updated 12.14.20

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| ₩ aFd Bank | | | |
|-----------------------------------|--------------|----------------|--|
| V. AUTHORIZED SIGNERS CONTI | NUED | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | e: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | re: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | re: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | re: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatus | re: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | re: | | |
| Authorized Signer Name and Title: | | | |
| Update: Add Delete | | | |
| *Entity Name and/or Account | All Entities | List Entities: | |
| Numbers: | All Accounts | List Accounts: | |
| **Authority: Signatur | re: | | |

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Exhibit A - Accounts Listing

| WaFd Bank | Business Deposit Account Signature Card Exhibit A – Accounts Listing | | |
|--|--|----------------|------------|
| Primary Account Owner: UIU Holdings LLC | | | |
| Accounts Listing | | | |
| Account Number | Update | Account Number | Update |
| 589 | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| | Add Delete | | Add Delete |
| Check box if Exhibit A – Multiple Accounts a | mends a prior Exhibit Å. | | |
| FOR BANK USE ONLY | | | |
| Date: 09/10/2021 Branch #: 1151 | Employee | Initials: ME | |

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| Account Title: DIGITAL I | LICENSING INC | | | | Branch ID: 0034 Cost Center: 486 |
|--|--|--|---|--|--|
| Account Structure: Con | poration | | | | Date: 12/10/2021 |
| Supersedes Card dated | d: | Replaced by Card date | ed: | FileNet Docur | ment ID: |
| Account Number | Opened Date 11/24/2021 | Opened/Revised By Penny Shelley | Acct Type SAV 845 | Approved | Closed Date |
| Authorized Signers 1. DIGITAL LICENSING | | Signatur | e | Rel | ationship Type: Corporation TIN: |
| 2. ROYDON BLEAK NEL | SON | n | | | Type: Non-Title |
| NOT DON BLEAR NEL | .50N | | | | TIN: |
| SCHAD EDWARD BR. | ANNON | Sky | | | Type: Non-Title |
| 4. | | 006 | | | Type: |
| 5. | | | | | TIN: Type: |
| | 10,000 | | | | TIN: |
| 6. | | | | | Type: TIN: |
| Complete this section only | | REPORTING INFORMATI | ON - W-9 CERTIFIC | ATION | |
| pecause you have failed to re acquisition or abandonment of | ou must cross out iter eport all interest and di of secured property, ca | n 2 above if you have been no vidends on your tax return. Fo ancellation of debt, contribution red to sign the certification, bu | or real estate transactions as to an individual retiren | s, item 2 does not a nent arrangement (correct TIN. | pply. For mortgage interest p |
| | | | | | |
| the account designated and the account listed on this signal and whice they may be amended from the Bank is authorized to accept in the listed. In addition, any joint of the Fair Credit Reporting Act putthorized signer consents to Ziconcerning each signer's person ther deposit and loan accounts gencies who, in Bank's judgment. | d agrees: hture card above shall be the are incorporated here me to time by Bank, con structions of any kind re where listed on the accou- rohibits obtaining certain the Bancorporation, N.A al financial and other inf at Zions Bancorporation th, have a legitimate bus | authorized signers signing above, a governed by the most current v in: 1) Deposit Account Agreeme stitute a contractual agreement by garding the account and funds the int shall have full access to the an consumer reports relating to but, making inquiry of and ordering ormation, even though this may be incompared to the interest purpose for obtaining such the name and address of the agent in: | ersion of the following documt, 2) Rate and Fee Scher between Customer and Barerin from any one (1) sign count and funds therein, issiness accounts unless correports from credit reporting be a business account, to lear about the account to creating the account to creating the account to creating the account to the account to creating the account to the account to creating the account to | uments ("Deposit Doc dules. The Deposit Ink. her listed above, rega- even if he or she has nsent is obtained. B Ig, check clearing an be used for evaluatin dit reporting agencie st, Bank will inform C | cuments"), receipt of which is Documents and this Signature (andless of how many signers is not signed above, by signing above, each d other such entities ag and handling this and as and to other persons or |
| | Prof | DRPORATE RESOLUTION (Confessional (Services) Corporation | (PC/Chtd/PA) | | - 44 |
| ignature Card, and (b) the follow | wing resolution was ado | orate officer(s) or other authorize pted at a meeting of the corporat corated. The corporation is here | tion's Board of Directors du | ly called and held in | |
| Secretary / Date | 02/ | President or Vice Pre | sident | Authorized Rep | oresentative, Title |

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RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

| Non-Consume | r Information | | | | | | | |
|---------------------|----------------------|-----------------------------|------------------------------|--------------------------------|-----------------|-----------------|------------|--|
| | Ch | exSystems Contacted: | | Approved By: CIP Verification: | | | | |
| Physical Address | | | Primary Co | ontact Name | | | | |
| | | | Primary Contact Phone Number | | | | | |
| Tax ID P | rimary ID Type | Number/Description | Issuer | Issue Date | | Exp. Date | | |
| | | | | | | | | |
| Client Informa | | | A PARTY AND | | | | | |
| Signer #1 | | xSystems Contacted: N | Override | Approved By: | CIP Verifica | ation: 🔲 | | |
| Physical Address 18 | 12 W SUNSET BLVD #1 | 1345 | | Date of Birth | | | | |
| S# | AINT GEORGE UT 84770 | 6565 | | Primary Phone Nur (801) 94 | mber 16-9881 | Secondary Pho | ne Number | |
| Primary ID Type | | er/Description | issuer WY | Issue Date | 03/18/2021 | Exp. Date NA | 11 | |
| Secondary ID Type | Numb | er/Description | Issuer | Issue Date NA | / / | Exp. Date NA | 11 | |
| Signer #2 | Che | xSystems Contacted: N | Override | e Approved By: | CIP Verifica | ation: 🔲 | | |
| Physical Address | | | | Date of Birth | | | | |
| SA | INT GEORGE UT | | | Primary Phone Nur | mber | Secondary Pho | ne Number | |
| Primary ID Type | | er/Description | Issuer UT | Issue Date | | Exp. Date | | |
| Secondary ID Type | Numb ZIONS | er/Description BANK VISA | Issuer NA | Issue Date NA | 11 | Exp. Date | 01/31/2023 | |
| Signer #3 | Che | xSystems Contacted: N | Override | e Approved By: | CIP Verifica | ation: 🗌 | | |
| Physical Address | | | | Date of Birth | | | | |
| EN | CINO CA | | | Primary Phone Nur | mber | Secondary Pho | ne Number | |
| Primary ID Type | | er/Description | issuer UT | Issue Date | | Exp. Date | | |
| Secondary ID Type | Numb VISA | er/Description | issuer NA | Issue Date NA | 11 | Exp. Date | 12/31/2022 | |
| Signer #4 | | xSystems Contacted: | Override | e Approved By: | CIP Verifica | ation: 🗌 | | |
| Physical Address | | | | Date of Birth | | | | |
| | | | | Primary Phone Nur | mber | Secondary Pho | ne Number | |
| Primary ID Type | Numb | er/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID Type | Numb | er/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #5 | Che | xSystems Contacted: | Override | e Approved By: | CIP Verifica | ation: 🔲 | | |
| Physical Address | | , | | Date of Birth | | | | |
| | | | | Primary Phone Nur | mber | Secondary Pho | ne Number | |
| Primary ID Type | Numb | er/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID Type | Numb | er/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #6 | Che | xSystems Contacted: | Override | e Approved By: | CIP Verifica | ation: 🔲 | | |
| Physical Address | | | | Date of Birth | | | | |
| | | | | Primary Phone Nui | mber | Secondary Pho | ne Number | |
| Primary ID Type | Numb | er/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID Type | Numb | er/Description | Issuer | Issue Date | <u> </u> | Exp. Date | 11 | |
| Rev. 01/18/2017 | | | | | | | | |

| | Zions Bancorpo | | | | | | | Page 163 of |
|--|---|--|---|---|--|--|---|--|
| Account Title: DIGITAL LI | | ASS. 200 S.A. | | The state of the s | and the second | BIT COLUMN TO DESCRIPTION STATE OF STAT | NAC ASSESSMENT | nch ID: 0034 |
| | | | | | | | - | t Center: 00486 |
| Account Structure: Corporation Supersedes Card dated | | Poplace | ed by Card date | .d. | | FileNet Docu | Date | |
| Superseues Card dated | | Replace | ed by Card date | u. | | File Net Docu | HELLE | |
| Account Number | Opened Date | | d/Revised By | Acct Typ | | Approved | | Closed Date |
| 2497 | 11/24/2021 | Ca | rie Taylor | SAV 84 | .5 | | | |
| | | 1 | Trouve - | | | | | |
| | | | · | | | | | |
| Authorized Signers | | | Signature | | | Po | lation | nchin |
| DIGITAL LICENSING IN | IC. | | Signature | | | TING | | : Corporation |
| DIGITAL LICENSING II | | | | | | | TÍN: | |
| 2. ROYDON BLEAK NELS | SON | | /1/ ~ | AND DESCRIPTION OF THE PARTY OF | | - | Type | : Non-Title |
| 3. | | | | | | | Туре | : |
| 4. | | | | | | | TIN: | |
| 14. | | | | | | | Type | i. |
| 5. | | | | | | | Туре |): |
| 6. | | | | | | | TIN: | |
| | | | | | | | TIN: | ······································ |
| Complete this section only | | | NG INFORMATI | _ | | | | Па: |
| Complete this section only in Under penalties of perjury, I can | - | zen or u.s. | <u> </u> | C Corporation | П | Single-member LLC S Corporation | Par | st / Estate |
| 1. The number shown on this 2. I am not subject to backup (IRS) that I am subject to back to backup withholding, and 3. I am a U.S. citizen or othe 4. I am exempt from FATCA | s form is my correct to withholding because tup withholding as a r U.S. person, and | e: (a) am e | ntification number (xempt from backup | withholding, or | for a num (b) I hav | e not been notifie | o me), d by the | e Internal Revenue Service |
| Certification instructions. You because you have failed to repacquisition or abandonment of other than interest and divider | ou must cross out ite port all interest and d f secured property, c | ividends on ancellation o | your tax return. Fo of debt, contribution | r real estate tran Is to an individua | sactions al retirem | i, item 2 does not a ent arrangement | apply, F | or mortgage interest paid. |
| Signature of U.S. Person | //C_ | | | | TN: | | | Date: 11/24/2021 |
| The account owner named above (* | Customer"), through its | authorized si | gners signing above, | hereby requests th | | Bancorporation, N.A. | | |
| open the account designated and - The account listed on this signath hereby acknowledged, and which as they may be amended from tim - Bank is authorized to accept inst are listed. In addition, any joint ow - The Fair Credit Reporting Act proauthorized signer consents to Zior concerning each signer's personal other deposit and loan accounts a agencies who, in Bank's judgment report has been obtained and will | ure card above shall be are incorporated here to time by Bank, cor ructions of any kind re mer listed on the accorbibits obtaining certal as Bancorporation, N.A. I financial and other int t Zions Bancorporation, have a legitimate bus | ein: 1) Depose a stitute a con garding the a cunt shall have n consumer a consumer in the formation, even, N.A., and the siness purpose a stitute of the siness purpose a consumer a consum | it Account Agreement be tractual agreement be coount and funds the e full access to the ac- reports relating to buse uiry of and ordering a en though this may be disclose information see for obtaining such | nt, 2) Rate and Fe etween Customer erein from any one count and funds i siness accounts u reports from credit he a business account about the account of the | ee Sched r and Bar e (1) sign therein, e unless cou t reporting ount, to b unt to cree on reques | ules. The Deposit hk. er listed above, reg even if he or she hansent is obtained. Eg, check clearing ar used for evaluatin dit reporting agencie | Docume ardless s not sig By signin nd other ng and h | ents and this Signature Card, of how many signers gned above, ng above, each esuch entities nandling this and o other persons or |
| | | | RESOLUTION (Corporation (| | | | | |
| The undersigned individuals certifications are certifications. Signature Card, and (b) the follow with applicable state laws where the control of the contro | ing resolution was ado | pted at a me | eting of the corporati | on's Board of Dire | ectors du | | | ance |
| Secretary | and | | resident or Vice Pres | sident | _and/or_ | Authorized Re | present | ative. Title |
| | | | | | | , 100.011000 110 | | |

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RESOLUTION/AUTHORIZATION 211

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

| Non-Consumer Informa | ation | | | | and the second | | |
|--|---|--------------------------------|--|--|--|---|--|
| | ChexSystems Contacted: N | Override A | pproved By: | CIP Verific | ation: | | |
| | | , . | ry Contact Name DAN STOCK | | | | |
| SAINT GEORGE | SAINT GEORGE UT 84770-6565 | | Primary Confact Phone Number (435) 817-4931 | | | | |
| Tax ID Primary ID Typ AOI | pe Number/Description | Issuer WY | Issue Date | 03/18/2021 | Exp. Date NA | 11 | |
| Paragraph 2.1 Mars and 1.1 mars of mars of harmonic mars | | EACH AND WAS DRAWN A PROPERTY. | -201-201-001-00-00-00-00-00-00-00-00-00-00-00- | NAME AND ADDRESS OF THE OWNER, AND T | | | |
| Client Information | tion of the second | | ALLET COLL | | 24 4 Strain 24 | | |
| Signer #1 | ChexSystems Contacted: N | Override | Approved By: | CIP Verifica | tion: 🔲 | La State de Salar de La Carta | |
| Physical Address 1812 W SUNSET | BLVD# 1345 | | Date of Birth | | | | |
| SAINT GEORGE L | JT 84770-6565 | | Primary Phone Nui (801) 94 | mber 46-9881 | Secondary Phone | e Number | |
| Primary ID Type | Number/Description | Issuer WY | Issue Date | 03/18/2021 | Exp. Date NA | 11 | |
| Secondary ID Type | Number/Description | Issuer | Issue Date | 11 | Exp. Date | // | |
| Signer #2 | ChexSystems Contacted: N | Override | Approved By: | CIP Verifica | tion T | | |
| Physical Address | | | Date of Birth | | THE PERSON OF TH | AND THE PARTY OF THE PARTY OF THE PARTY. | |
| SAINT GEORGE U | п | | Primary Phone Nu | mher | Secondary Phon | e Number | |
| Primary ID Type DL | Number/Description | Issuer UT | Issue Date | | Exp. Date | | |
| Secondary ID Type DC | Number/Description ZIONS BANK VISA | Issuer NA | Issue Date NA | 11 | Exp. Date | 01/31/2023 | |
| Signer #3 | ChexSystems Contacted: | Override | Approved By: | CIP Verifica | ition. | Salara de la companya del companya del companya de la companya de | |
| Physical Address | | | Date of Birth | | | | |
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| Secondary ID Type | Number/Description | Issuer | Issue Date | 11 . | Exp. Date | 11 | |
| Signer #4 | ChexSystems Contacted: | Override | Approved By: | CIP Verifica | ation: | | |
| Physical Address | | | Date of Birth | | | | |
| | | | Primary Phone Nu | mber | Secondary Phon | e Number | |
| Primary ID Type | Number/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID Type | Number/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #5 | ChexSystems Contacted: | Override | Approved By | | tion: | | |
| Physical Address | Olickoystoma Contactore - La Riving School | | Date of Birth | - Parket Control of the Control of t | | | |
| | | | Primary Phone Nu | mber | Secondary Phon | e Number | |
| Primary ID Type | Number/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID Type | Number/Description | Issuer | Issue Date | i I | Exp. Date | 11 | |
| Signer #6 | ChexSystems Contacted | Overnd | | CIP Verifica | ation 🔲 | and the second second | |
| Physical Address | | | Date of Birth | | | | |
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| Secondary ID Type | Number/Description | Issuer | Issue Date | 11 | Exp. Date | 11 | |

Rev. 01/18/2017

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| Account Title: DIGITAL L | to my to the court | oration, N.A. dba Zlons Firs | | | Branch ID: 0034 |
|--|--|--|--|--|--|
| . 313117 = 2 | ICENSING INC | | | | Cost Center: 00034 |
| count Structure: Corp | oration | | | | Date: 03/22/2021 |
| Supersedes Card dated | ooration | Replaced by Card dated: | | FileNet Docu | 100000 |
| | | The place of by Cara dated. | | | |
| Account Number | Opened Date | Opened/Revised By | Acct Type | Approved | Closed Date |
| 4702 | 03/22/2021 | Carrie Taylor / | DDA 151 | | |
| | | 1 TOTAL STATE | | | |
| | 1 | 1 XUMO | | | |
| | | | | | |
| Authorized Signers | | Signature | | - Re | lationship · |
| · DIGITAL LICENSING I | NC | | | | Type: Corporation |
| | | | | | TIN: |
| ROYDON BLEAK NEL | SON | V. M. | | | Type:Non-Title |
| SCHAD E BRANNON | | 100 | | | Type:Non-Title |
| SCHAD E BRANNON | | * Shr | | | TIN: |
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| j. | | | | | TIN: |
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| hamalata this as at | TAX | REPORTING INFORMATION | - W-9 CERTIFICA | ATION | |
| omplete this section only Inder penalties of perjury, I o | | izen or U.S. resident alien. | dividual / Sole Proprietor / Corporation | Single-member LLC S Corporation | Trust / Estate Other Partnership |
| ertification instructions. Y | ou must cross out ite | em 2 above if you have been notifie dividends on your tax return. For re | d by the IRS that you | are currently sub | ject to backup withholding |
| acquisition or abandonment of | of secured property, o | ancellation of debt, contributions to | an individual retiren | nent arrangement | apply. For mortgage interest p (IRA), and generally, payment |
| acquisition or abandonment of the control of the co | of secured property, or ends, you are not requ | cancellation of debt, contributions to uired to sign the certification, but yo | an individual retiren u must provide your | nent arrangement correct TIN. | (IRA), and generally, payment |
| acquisition or abandonment of other than interest and divide Signature of U.S. Person | of secured property, or ends, you are not requ | cancellation of debt, contributions to aired to sign the certification, but yo | o an individual retiren u must provide your TIN: | nent arrangement correct TIN. | (IRA), and generally, payment Date: 03/22/2021 |
| acquisition or abandonment of ther than interest and divide signature of U.S. Person are account owner named above the account designated and the account listed on this signature of the account listed on this signature of the account listed on this signature of the fair Credit Reporting Act potentially account in a different ordering accounts of the fair Credit Reporting Act potentially accounts a different ordering acching accounts accounts of the deposit and loan accounts pencies who, in Bank's judgment and loan accounts accounts of the deposit and loan accounts accounts of the deposit and loan accounts accounts accounts of the deposit and loan accounts accounts of the deposit and loan accounts accounts accounts of the deposit and loan accounts accounts accounts of the deposit and loan accounts accounts of the deposit and loan accounts | of secured property, or ands, you are not required, you are not required. ("Customer"), through its diagrees: ature card above shall be that are incorporated her me to time by Bank, constructions of any kind rewner listed on the accorphibits obtaining certains Bancorporation, N. al financial and other in at Zions Bancorporation, thave a legitimate but the constructions of the constructions of the constructions of the construction of the const | eancellation of debt, contributions to sired to sign the certification, but you be authorized signers signing above, here are governed by the most current versice ein: 1) Deposit Account Agreement, 2 cein: 1) Deposit Account Agreement between ein: 1) Deposit Account and funds therein sunt shall have full access to the account in consumer reports relating to busine A. making inquiry of and ordering reports formation, even though this may be a an, N.A., and to disclose information all siness purpose for obtaining such info | eby requests that Zions on of the following doc 2) Rate and Fee Schae een Customer and Ban from any one (1) sign infrom any one (1) sign int and funds therein, iss accounts unless co outs from credit reportir business account to ce out the account to ce outstime. Upon reques | Bancorporation, N.A. | Date: 03/22/2021 Date: 03/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Documents*), receipt of which is Documents and this Signature (standless of how many signers is not signed above, each and other such entities and the standless and to other persons or other such entities and and the persons or other such entities and sea and to other persons or other such entities. |
| e account owner named above the account of the acco | of secured property, or ands, you are not requested, you are not requested, for the control of t | eancellation of debt, contributions to irred to sign the certification, but you sauthorized signers signing above, here be governed by the most current version ein: 1) Deposit Account Agreement, 2 institute a contractual agreement betwo agarding the account and funds therein runt shall have full access to the account in consumer reports relating to busine A making inquiry of and ordering report formation, even though this may be a m, N.A., and to disclose information at | o an individual retirent unust provide your TIN: aby requests that Zions on of the following doct: Rate and Fee Schedeen Customer and Bar from any one (1) signit and funds therein, as accounts unless a counts from credit reportir business account to credit reportir the account the accou | Bancorporation, N.A. | Date: 03/22/2021 Date: 03/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Date: 05/22/2021 Documents*), receipt of which is Documents and this Signature (standless of how many signers is not signed above, each and other such entities and the standless and to other persons or other such entities and and the persons or other such entities and sea and to other persons or other such entities. |
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| acquisition or abandonment of ther than interest and divide signature of U.S. Person in the account owner named above the account owner named above the account listed on this signated and the account listed on this signated account listed on the signated from the sank is authorized to accept inselected. In addition, any joint on the Fair Credit Reporting Act potentially accounts and the signature of the signature of the signature of the signature of the signature card, and (b) the following the signature of the signatu | of secured property, or ands, you are not requents, you are not requents, you are not requents of the second of th | cancellation of debt, contributions to sired to sign the certification, but you are to sign the certification, but you say that the control of the control o | to an individual refirent unust provide your TIN: the requests that Zions on of the following docuble your and Fee Scheen Customer and Bar from any one (1) significant and funds therein, as accounts unless counts from credit reporting business account, to be counted to credit the account to credit reporting the report of the following the referred to as "Entity". | Bancorporation, N.A. | Date: 03/22/2021 Date: 03/22/ |
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| acquisition or abandonment of ther than interest and divide signature of U.S. Person Signature o | of secured property, or ands, you are not requents, you are not requents, you are not requents of the second of th | cancellation of debt, contributions to sired to sign the certification, but you are to sign the certification, but you say the control of the | an individual retirent unust provide your TIN: aby requests that Zions on of the following doce? Rate and Fee Scheeen Customer and Bain from any one (1) significant and funds therein, as accounts unless accounts trong credit reporting business account to credit reporting the account to credit the account to credit and the account to credit the account the account to credit the account | Bancorporation, N.A. Bancorporation above, regeven if he or she hansent is obtained. It is obtained. It is obtained. It is obtained and see used for evaluating the control of the component of the corporation named in th | Date: 03/22/2021 Date: 03/22/2021 dba Zions First National Bank ("Excurrents"), receipt of which is Documents and this Signature (standless of how many signers is not signed above, and other such entities and estandless and to other persons or Customer if a consumer On this is accordance |

(Page 2 of 2)

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1050 Page 166 of

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

RESOLUTION/AUTHORIZATION 211

| Non-Consu | mer Informa | tion | | *** | | | | | |
|---------------------------|--------------------|--------------------------|------------------|--------------|---|-------------|--------------|--|--|
| | | | | | erride Approved By: CIP Verification: DAN STOCK | | | | |
| | ST GEORGE UT 84 | | | 1 ' | Contact Phone Number (435) 817-4931 | | | | |
| Tax ID 86-2728670 | Primary ID Type | e Nur | mber/Description | Issuer WY | Issue Date | 03/18/2021 | Exp. Date | \ | |
| | | | | 1 441 | | 00/10/2021 | 14/ | <u> </u> | |
| Client Infor | mation | | | | | | | 1000 | |
| Signer #1 Physical Addres | SS 1812 W SUNSET E | | ems Contacted: N | Overri | de Approved By: Date of Birth | CIP Verific | ation: | | |
| | ST GEORGE UT 84 | 770-6565 | | | Primary Phone N | lumber | Secondary Ph | one Number | |
| Primary ID Type | AOI | Number/Des | cription | Issuer WY | Issue Date | | Exp. Date NA | | |
| Secondary ID Ty | ype | Number/Des | cription | Issuer | Issue Date | // | Exp. Date | 11 | |
| Signer #2 | | ChexSyste | ems Contacted: N | Overri | de Approved By: | CIP Verific | ation. 🗆 | and the second second second | |
| Physical Addres | 38 | | | | Date of Birth | | | | |
| | SAINT GEORGE UT | | | | Primary Phone N | lumber | Secondary Ph | one Number | |
| Primary ID Type | וו וח | Number/Des | scription | Issuer UT | Issue Date | | Exp. Date | | |
| Secondary ID T | ype DC | Number/Des ZIONS BANK | cription VISA | Issuer NA | Issue Date NA | 11 | Exp. Date | 08/31/2021 | |
| Signer #3 | 11 11 11 | ChexSyste | ems Contacted: N | Overn | de Approved By: | CIP Verific | ation: | | |
| Physical Addres | SS | | | | Date of Birth | | | | |
| | LAS VEGAS NV | | | | Primary Phone N | lumber | Secondary Ph | one Number | |
| Primary ID Type | DI I | Number/Des | scription | lssuer CA | Issue Date | | Exp. Date | | |
| Secondary ID T | ype CC | Number/Des MC | scription | lssuer NA | Issue Date NA | 11 | Exp. Date | 12/31/2024 | |
| Signer #4 | | ChexSyste | ems Contacted: | Overn | de Approved By: | CIP Verific | ation: | in the same as a second | |
| Physical Addres | ss | | | | Date of Birth | | | | |
| | | | | | Primary Phone N | lumber | Secondary Ph | one Number | |
| Primary ID Type | 9 | Number/Des | scription | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Secondary ID T | уре | Number/Des | scription | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #5 | | ChexSyst | ems Contacted: | Overr | de Approved By: | CIP Verific | ation: 🗆 | | |
| Physical Addres | ss | | | | Date of Birth | | | | |
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| Secondary ID T | уре | Number/Des | | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #6 | at it was their | ChexSyst | ems Contacted: | Over | de Approved By: | CIP Verific | cation: | A STATE OF THE STA | |
| Physical Addres | SS | | | | Date of Birth | | | | |
| | | | | | Primary Phone N | lumber | Secondary Ph | one Number | |
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| Secondary ID T | ype | Number/Des | scription | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Rev. 01/18/2017 | | | | | | | | | |

| Case 2:23-cv-004 | 182-RJS-DB | P DOC | | | 123 Pageil | J.1U51 | Page 167 of |
|--|---|---------------------------------|--------------------------------------|--|--|-------------------------------------|---|
| | Zions Bancorpo | oration, N. | A. dba Zions | First National Ban | k Signature Car | d | |
| Account Title: THE GOLD | COLLECTIVE I LI | -C | | | | Branch ID | : 0554 |
| | | | | | | Cost Cent | er: 00554 |
| Account Structure: Limit | ed Liability Compar | ıy | | | | Date: 03. | /13/2019 |
| Supersedes Card dated | | Replace | d by Card dat | ed: | FileNet Docu | ment ID: | |
| 1 Auro Pillanien. | 100 | | | | | :: <u>-</u> - | |
| Account Number | Opened Date | | /Revised By | Acct Type | Approved | | Closed Date |
| 0053 | 03/13/2019 | Bran | don Eves | DDA 151 | | | |
| | | MX | Wa | | | | |
| | | | | | | | |
| Authorized Signers | | | Signatur | re | Re | lationship | |
| 1. THE GOLD COLLECT! | VEILLC | | | | | Type: LLC | |
| 2. 50450455 | | | | 7 | | TIN: Type: Non-T | itle |
| 2. ROYDON BLEAK NELS | SON | | 10. | | The state of the s | TIN: | |
| 3. | | | | | | Type: TIN: | |
| 4. | | | | | | Type: TIN: | |
| 5. | | | | | | Type: TIN: | |
| 6. | | | | | | Type: | |
| | TAX | REPORTIN | IG INFORMAT | ION - W-9 CERTIFIC | ATION | | |
| Complete this section only i | f you are a U.S. citi | zen or U.S. r | esident alien. | Individual / Sole Proprietor | | Trust / Estate | Other |
| Under penalties of perjury, I co | ertify that: | | | | \$ Corporation LLC \$ Corporation | Partnership LLC Partnersh | nin |
| The number shown on this I am not subject to backup (IRS) that I am subject to back to backup withholding, and I am a U.S. citizen or other I am exempt from FATCA | withholding because the withholding as a surface. T.U.S. person, and | e: (a) I am ex | tification number empt from backu | (or I am waiting for a nu p withholding, or (b) I ha | mber to be issued to ve not been notified | o me), and by the Interna | al Revenue Service |
| Certification instructions. You because you have failed to repacquisition or abandonment of other than interest and dividen | oort all interest and di secured property, c | ividends on y ancellation of | our tax return. Fo | or real estate transaction ns to an individual retire | s, item 2 does not s nent arrangement (| ipply. For mort IRA), and gene | gage interest paid, erally, payments |
| Signature of U.S. Person | /Cn | | | TIN | | Date: 0 | 3/13/2019 |
| The account owner named above (" open the account designated and The account listed on this signate hereby acknowledged, and which | agrees: ure card above shall be | governed by | the most current v | version of the following doc | cuments("Deposit Doo | cuments"), recei | pt of which is |

as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.

- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.

- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Eank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEPTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

Manager or Member Manager or Member Manager or Member (Page 2 of 2)

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RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

| Non-Consumer Inform | ation | | | | | | |
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| | | xSystems Contacted: N | | Approved By: | CIP Verific | cation: 🗌 | |
| Physical Address 400 S 4TH ST S | TE 2 | | Primary C | ontact Name | | | |
| LAS VEGAS NV | 89101-6201 | | Primary C | ontact Phone Number | er | | |
| Tax ID Primary ID Ty | rpe | Number/Description | Issuer | Issue Date | 2010110010 | Exp. Date | |
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| Signer #1 Physical Address 400 S 4TH ST S | | Systems Contacted: N | Overno | le Approved By: Date of Birth | CIP Verillo | I I | |
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| LAS VEGAS NV | 89101-6201 | | | Primary Phone No (801) 9 | umber 946-9881 | Secondary Pho | ne Number |
| Primary ID Type | Numbe | r/Description | Issuer NV | Issue Date | 03/04/2019 | Exp. Date NA | 11 |
| Secondary ID Type | | r/Description | Issuer | Issue Date | 11 | Exp. Date | 11 |
| Signer #2 | Chex | Systems Contacted: N | Overrid | le Approved By: | CIP Verific | ation: | |
| Physical Address | | | | Date of Birth | | | |
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| SAINT GEORGE | 71 | | | Filliary Priories | | Secondary Prior | le Number |
| Primary ID Type DL | Numbe | r/Description | Issuer | Issue Date | | Exp. Date | |
| Secondary ID Type DC | Numbe | r/Description BANK VISA | Issuer | Issue Date NA | 11 | Exp. Date | 08/31/2021 |
| Signer #3 | | Systems Contacted: | Overrid | le Approved By: | CIP Verifica | ation: | |
| Physical Address | | | | Date of Birth | | | |
| | | | | Primary Phone Nu | umber | Secondary Phor | ne Number |
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| Primary ID Type | | r/Description | Issuer | | 11 | | 1 / |
| Secondary ID Type | Numbe | r/Description | Issuer | Issue Date | 11 | Exp. Date | 1 / |
| Signer #4 | Chex | Systems Contacted: | Overrid | e Approved By: | CIP Verifica | ation: | |
| Physical Address | | | | Date of Birth | | | |
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| Signer #5 | Chev | Systems Contacted: | Overrid | le Approved By: | CIP Verifica | ation: | / / |
| Physical Address | Office | Oystems Contacted. | Overna | Date of Birth | On vermo | I I | |
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| Secondary ID Type | Numbe | r/Description | Issuer | Issue Date | 11 | Exp. Date | 11 |
| Signer #6 | Chex | Systems Contacted: | Overrid | e Approved By: | CIP Verifica | ation: 🔲 | |
| Physical Address | | | | Date of Birth | | | |
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| Secondary ID Type | Numbe | r/Description | Issuer | Issue Date | | Exp. Date | |
| Rev 01/18/2017 | | | | | | | |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1053 Page 169 of Zions Bancorporation, N.A. dba Zions First National Bank Signature Card Branch ID: 0034 Account Title: THE GOLD COLLECTIVE ILLC Cost Center: 00034 07/14/2020 Date: Account Structure: Limited Liability Company FileNet Document ID: Supersedes Card dated: Replaced by Card dated: Approved Closed Date Account Number Acct Type Opened Date Opened/Revised By 2273 Carrie Taylor SAV 845 07/14/2020 Relationship *Authorized Signers Signature Type:LLC 1. THE GOLD COLLECTIVE I LLC TIN: Type:Non-Title ROYDON BLEAKNELSON TIN: Type: Non-1111e SCHAD E BRANNON TIN: 4. Type: TIN: 5, Туре: TIN: 6. Type: TAX REPORTING INFORMATION - W-9 CERTIFICATION Complete this section only if you are a U.S. citizen or U.S. resident alien. ☐ Individual / Sole Proprietor / Single-member LLC Other C Corporation
LLC C Corporation S Corporation
LLC S Corporation Partnership Under penalties of perjury, I certify that: LLC Partnership 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, and I am exempt from FATCA reporting. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Date: 07/14/2020 Signature of U.S. Person The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees: - The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank. - Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above. - The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report. LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC) The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE NOEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY. Date Manager or Member Manager or Member Manager or Member

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1054 Page 170 of

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

RESOLUTION/AUTHORIZATION 211

| Non-Consur | mer Informa | tion | | | | | | |
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| Physical Address | 5 | | | Primary Co | ntact Name DAN | STOCK | | |
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| Tax ID | Primary ID Typ | е | Number/Description | Issuer | Issue Date | | Exp. Date | |
| Client Inform | nation | 102 | | | 43% | | | |
| Signer #1 | | Chex | Systems Contacted: N | Override | Approved By: | CIP Verifica | ition: 🔲 | Market Market State of the Stat |
| Physical Address | 3 | | | | Date of Birth | | | |
| | LAS VEGAS NV | | | | Primary Phone N | umber | Secondary Phor | ne Number |
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| Secondary ID Ty | | Number | /Description | Issuer | Issue Date NA | 11 | Exp. Date NA | // |
| Signer #2 | | Chex | Systems Contacted: N | Override | Approved By: | CIP Verifica | tion: | |
| Physical Address | 8400 S 4TH ST STE | 102 | | | Date of Birth | | | |
| | LAS VEGAS NV 89 | 101-6201 | | | Primary Phone N | umber | Secondary Phor | ne Number |
| Primary ID Type | DL | Number | Description | Issuer CA | Issue Date | | Exp. Date | |
| Secondary ID Ty | pe CC | Number | Description | Issuer NA | Issue Date NA | 11 | Exp. Date | 12/31/2024 |
| Signer #3 | | Chex | Systems Contacted: N | Override | Approved By: | CIP Verifica | ition: 🔲 | 4-1-2-2-1 |
| Physical Address | 8 | | | | Date of Birth | | | |
| | SAINT GEORGE UT | | | | Primary Phone No | umber | Secondary Phor | ne Number |
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| Signer #4 | | Chex | Systems Contacted: | Override | Approved By: | CIP Verifica | ation: | |
| Physical Address | S | | | | Date of Birth | | | |
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| Signer #6 | | Chex | Systems Contacted: | Override | Approved By: | CIP Verifica | ation: | |
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Rev. 01/18/2017

| Case 2:23-cv-004 | | | | Filed 07/26/2 irst National Bank | | | Page 171 of |
|--|--|---|---|--|---|--------------------------|--|
| Account Title: THE GOLD | WINDSTEIN CONTRACTOR STORES | · ACRODAL ARCA, ARCODO | | | | Branc | h ID: 0034 |
| Account Structure: Limite | ed Liability Compan | v | | | | Cost (| 07/14/2020 |
| Supersedes Card dated | | | ed by Card date | d: | FileNet Docur | | |
| Account Number 2273 | Opened Date 07/14/2020 | | d/Revised By | Acct Type SAV 845 | Approved | | Closed Date |
| | | | Janjar | | | | |
| Authorized Signers | | | Signature | A. C. | Re | lations | hiro. |
| 1. THE GOLD COLLECTIV | /E LLC | | 3 | | | Type: L | |
| 2. ROYDON BLEAK NELS | SON | | 11 | | | Туре- Л | lon-Title |
| 3. SCHAD E BRANNON | | | 8 Pour | | _ | | lon-Title |
| 4. | | | 0,000 | | | TIN: | |
| 5. | | | | | | TIN: | |
| 6. | | | | | | TIN: Type: | |
| | TAX | REPORTI | NG INFORMATION | ON - W-9 CERTIFIC | ATION | TIN: | |
| Complete this section only in Under penalties of perjury, I can | _ | en or U.S. | resident alien. | | Single-member LLC S Corporation LLC S Corporation | Trust / | _ |
| 1. The number shown on this 2. I am not subject to backup (IRS) that I am subject to back to backup withholding, and 3. I am a U.S. citizen or other 4. I am exempt from FATCA Certification instructions. Your backup with back of its or and the second of | withholding because up withholding as a r r U.S. person, and reporting. ou must cross out iter | e: (a) I am e result of a fa m 2 above if | xempt from backup illure to report all int | or I am waiting for a nur withholding, or (b) I have erest or dividends, or (constitution) | mber to be issued to ve not been notified c) the IRS has notifi u are currently subi | I by the Ir ied me th | nternal Revenue Service at I am no longer subject |
| because you have failed to rep acquisition or abandonment of other than interest and dividen | secured property, ca | ancellation o | of debt, contributions | to an individual retiren | nent arrangement (| ippiy. For IRA), and | r mortgage interest paid, I generally, payments |
| Signature of U.S. Person | 3/27 | | | TIN | : | Da | 07/14/2020 |
| The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees: The account designated and agrees: The account listed on this signature card above shall be governed by the most current version of the following documents("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank. Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above. The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report apport has been obtained and will provide Customer with the name and address of the agency furnishing the report. | | | | | | | |
| | | | MPANY (LC/LLC) AU ited Liability Compan | | | | |
| The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY. | | | | | | | |

| Case 2:23-cv-004 | 82-RJS-DBF Zions Bancorpo | Document 3-10 pration, N.A. dba Zigns F | Filed 07/26/2 First National Bank | 3 PageID. Signature Car | 1056 Page 172 of - |
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| Account Title: THE GOLD | SAC STREET, RESIDENCE STREET, SOUTHER STATES AND STREET, SALES | South Court of the | PENER MENERAL SELECT TO PENERAL SERVICES (SANCE) SE TEMBRE CONSILE PRIMER EN | the bill from the complete to fit it there were the first | Branch ID: 0034 |
| | | | | | Cost Center: 34 |
| Account Structure: Limit Supersedes Card dated | ted Liability Compan | | d: | FileNet Docur | Date: 07/29/2019 |
| | | Replaced by Card date | u. | | Henrid. |
| Account Number 3593 | Opened Date 07/23/2019 | Opened/Revised By Carrie Taylor | Acct Type DDA 151 | Approved | Closed Date |
| | | C Jay | | | |
| Authorized Signers | | Signature | | Re | lationship |
| 1. THE GOLD COLLECTI | | | | SACCESSION SHAPE OF | Type·LLC TIN: |
| 2. ROYDON BLEAK NEL: | SON | × 20 | | - | Type: NON-TITLE TIN: |
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| Complete this section only | | REPORTING INFORMATIO | ON - W-9 CERTIFICATION - W | | ☐ Trust / Estate ☐ Other |
| Under penalties of perjury, I c | - | Len of G.S. resident alien. | C Corporation | Strigits-interriber ELC S Corporation LLC S Corporation | Trust / Estate Other Partnership LLC Partnership |
| 1 am not subject to backup (IRS) that I am subject to bacto backup withholding, and 1 am a U.S. citizen or othe 1 am exempt from FATCA | p withholding because kup withholding as a er U.S. person, and reporting. | result of a failure to report all in | withholding, or (b) I hav terest or dividends, or (d | ve not been notified c) the IRS has notifi | d by the Internal Revenue Service ied me that I am no longer subject |
| because you have failed to re acquisition or abandonment o | port all interest and d of secured property, ca | m 2 above if you have been not ividends on your tax return. For ancellation of debt, contribution ired to sign the certification, but | real estate transactions s to an individual retiren | s, item 2 does not a nent arrangement (| apply. For mortgage interest paid. |
| Signature of U.S. Person | X/C | | TIN: | | Date: 07/29/2019 |
| open the account designated and -The account listed on this signal hereby acknowledged, and which as they may be amended from tin - Bank is authorized to accept ins are listed. In addition, any joint ov - The Fair Credit Reporting Act prauthorized signer consents to Zio concerning each signer's personal other deposit and loan accounts a agencies who, in Bank's judgment | agrees: ture card above shall be a are incorporated here ne to time by Bank, con tructions of any kind re- voner listed on the accou- rohibits obtaining certai- ns Bancorporation, N.A al financial and other inf at Zions Bancorporation th, have a legitimate bus | e governed by the most current ve | ersion of the following doct nt, 2) Rate and Fee Schece tween Customer and Bar erein from any one (1) sign count and funds therein, of siness accounts unless one eports from credit reporting e a business account, to in about the account to cre information. Upon reques | uments("Deposit Dod dules. The Deposit Ink. her listed above, rega even if he or she has nsent is obtained. B g, check dearing an de used for evaluatin dit reporting agencie | Documents and this Signature Card, ardless of how many signers is not signed above. Sty signing above, each ad other such entities ig and handling this and es and to other persons or |
| | | IABILITY COMPANY (LC/LLC) AU fessional Limited Liability Compar | | | |
| authority to transact banking busi managers, as required by applica | ness on behalf of such ble state law. The lim | are member(s) or manager(s) of the limited liability company, and (b) to lited liability company is referred to SOF EACH AND EVERY OF THE | hat the following resolution as "Entity". ANY INDES | n was adopted by the TEDNESS INCURR | e members and/or ED IN CONNECTION |
| Date | Managara | Mambas X | X | Manager | Marshar |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 Page ID.1057 Page 173 of

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

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| Client Inform | mation | | | | | Conference of the Conference o | | | | |
| Signer #1 | | Chex | Systems Contacted: | | Override | Approved By: | CIP Verifica | ation: | | |
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| Signer #3 | | Chex | Systems Contacted: | | Override | Approved By: | CIP Verifica | ation: | | |
| Physical Address | 3 | | | | | Date of Birth | | | | |
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| Account Title: GOLD CO | の死、して () 中国アランストルンスクランスを (動物の) 山本山ののか 100 mm | CARP WEEDSTEELS WITH THE RANGE OF STREET AND THE | 12-12-25-28-88 (187-2-7-8 | WARDON'S - MARK STANCE STREET STANDS | Branch ID: 0034 |
| | | | | | Cost Center: 00034 |
| Account Structure: Limit Supersedes Card dated | ed Liability Compan | Replaced by Card date | -d. | FileNet Docum | Date: 07/23/2019 ent ID: |
| | | | | | OILID. |
| Account Number 3593 | Opened Date 07/23/2019 | Opened/Revised By | Acct Type DDA 151 | Approved | Closed Date |
| | 07/23/2019 | Carrie Taylor | DDA 151 | | |
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| Authorized Signers | | Signatur | e e | Rela | tionship |
| 1. GOLD COLLECTIVE L | | | | | Type: LLC |
| 2. POYDON BLEAK NEL | | as as | | | TIN: Type: Non-Title |
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| 3. | | | | | Type: TIN: |
| 4. | | | | | Type: |
| 5. | | | | | TIN: Type: |
| 6. | | | | | TIN: Type: |
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| Complete this section only | | REPORTING INFORMATI zen or U.S. resident alien. | Individual / Sole Proprietor | / Single-member LLC | Trust / Estate Other |
| Under penalties of perjury, I c | ertify that: | | C Corporation | S Corporation LLC S Corporation | |
| I am not subject to backul (IRS) that I am subject to bac to backup withholding, and I am a U.S. citizen or othe I am exempt from FATCA Certification instructions. Y because you have failed to re | withholding because kup withholding as a lear U.S. person, and reporting. ou must cross out ite port all interest and d | result of a failure to report all in m 2 above if you have been no ividends on your tax return. Fo | withholding, or (b) I had not been dividends, or obtified by the IRS that you real estate transaction | ave not been notified to (c) the IRS has notified ou are currently subject ns, item 2 does not ap | by the Internal Revenue Service d me that I am no longer subject ct to backup withholding pply. For mortgage interest paid, |
| other than interest and divide | nds, you are not requ | ancellation of debt, contribution ired to sign the certification, but | ns to an individual retire it you must provide you | ment arrangement (IF r correct TIN. | (A), and generally, payments |
| Signature of U.S. Person 🔀 | //// | | TIN | V: | Date: 07/23/2019 |
| open the account designated and - The account listed on this signal | agrees; ture card above shall be a are incorporated here ne to time by Bank, cor tructions of any kind re- wher listed on the accou- rohibits obtaining certain ns Bancorporation, N.A. al financial and other infat Zions Bancorporation t, have a legitimate bus | e governed by the most current vin: 1) Deposit Account Agreeme stitute a contractual agreement by garding the account and funds the unt shall have full access to the an consumer reports relating to but, making inquiry of and ordering formation, even though this may la, N.A., and to disclose informations purpose for obtaining such | ersion of the following do ont, 2) Rate and Fee Sche petween Customer and B- erein from any one (1) sign ccount and funds therein, siness accounts unless or reports from credit report be a business account, to on about the account to or information. Upon reque | cuments("Deposit Docu edules. The Deposit Do ank. In present listed above, regan even if he or she has r consent is obtained. By ing, check clearing and be used for evaluating redit reporting agencies est, Bank will inform Cu | dless of how many signers obtained above. signing above, each other such entities and handling this and and to other persons or |
| The undersigned individuals here authority to transact banking busi | Pro by certify that (a) they a ness on behalf of such | limited liability company, and (b) | iny (PLLC) the limited liability compar that the following resoluti | on was adopted by the | members and/or |
| managers, as required by applica WITH THIS ACCOUNT SHALL B | | | | | |
| Date | Manager or | Member Man | ager or Member | X Manager o | or Member |

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 Page ID.1059 Page 175 of

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

| ChexSystems Contacted: N Override Approved By: CIP Verification: | | | 2009: Y6293 | kir | | Outstanding and the American Million and a contract | CONTRACTOR AND THE |
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| | Rev. 01/18/2017 | Namber/Description | ISSUEI | issue pare | 11 | / Lxp. Date | / |

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank")

agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

> LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN COMMECTION WITH THIS ACCOUNT SHALL BE THE INDEPTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVE IN

Date Manager or Member Manager or Member Manager or Member (Page 2 of 2)

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1061 Page 177 of RESOLUTION/AUTHORIZATION 311

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

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| Secondary ID Type | 9 | Number/Description | | Issuer | Issue Date | 11 | Exp. Date | // | |
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| Signer #3 | | ChexSystems Contacted: | | Overrid | e Approved By: | CIP Verifica | ation: | | |
| Physical Address | | | | | Date of Birth | | | | |
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| Secondary ID Type | e | Number/Description | | Issuer | Issue Date | 11 | Exp. Date | | |
| Signer #4 | | ChexSystems Contacted: | | Overrid | e Approved By: | CIP Verific | ation: | | |
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| Secondary ID Type | е | Number/Description | | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Signer #5 Physical Address | | ChexSystems Contacted: | | Overrid | e Approved By: Date of Birth | CIP Verifica | ation: | | |
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| Signer #6 | | ChexSystems Contacted: | | Override | e Approved By: | CIP Verifica | ation: | | |
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| Secondary ID Type | 9 | Number/Description | | Issuer | Issue Date | 11 | Exp. Date | 11 | |
| Doy 01/19/2017 | | | | | | | | | |

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

Date Manager or Member Manager or Member Manager or Member (Page 2 of 2)

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1063 Page 179 of

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization.

This authorization supersedes all prior authorizations, which are hereby canceled.

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| Non-Consumer Inform | nation | - Edited to explanate but | 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | |
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| Signer #1 | ChexSystems Contacted: N | Overrid | e Approved By: | CIP Verification: |
| Physical Address | | | Date of Birth | |
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| Primary ID Type AOOL | Number/Description DOCS ON FILE | Issuer NV | Issue Date 03/0 | 4/2019 Exp. Date NA / / |
| Secondary ID Type | Number/Description | Issuer | Issue Date / / | Exp. Date / / |
| Signer #2 | ChexSystems Contacted: N | Overrid | e Approved By: | CIP Verification: |
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| Signer #3 | ChexSystems Contacted: | | e Approved By: | CIP Verification: |
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| Signer #4 | ChexSystems Contacted: | Overrid | e Approved By: | CIP Verification: |
| Physical Address | | | Date of Birth | |
| | | | Primary Phone Number | Secondary Phone Number |
| Primary ID Type | Number/Description | Issuer | Issue Date | Exp. Date // |
| Secondary ID Type | Number/Description | Issuer | Issue Date / / | Exp. Date / / |
| Signer #5 | ChexSystems Contacted: | Overrid | e Approved By: | CIP Verification: |
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| Secondary ID Type | Number/Description | Issuer | Issue Date // | Exp. Date // |
| Signer #6 | ChexSystems Contacted: | Overrid | e Approved By: | CIP Verification: |
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| Secondary ID Type | Number/Description | Issuer | Issue Date / / | Exp. Date |
| Dov. 04/49/0047 | | | | |

Exhibit 3

| Listing |
|-----------|
| Account I |
| EX 3 Bank |

| | | | | EXHIBII 3 | | | |
|--------------------------------|------------------|----------------------------|----------------|---------------|--------------------|----------------|--|
| Bank | Account # Ending | Account Name | Beginning Date | Beginning Bal | End Date | Ending Balance | Authorized Signers |
| America First Credit Union | xx2519 | Blox Lending LLC | 12/07/22 | - \$ | 05/31/23 | \$ 577,157.76 | 577,157.76 Jason Richard Anderson |
| Bank of America, N.A. | xx3814 | Blox Lending LLC | \$ 08/17/20 \$ | - \$ | 01/31/22 \$ | 1 | Jason Richard Anderson |
| Bank of America, N.A. | xx1004 | Blox Lending LLC | 08/17/20 | - \$ | 01/31/22 | - \$ | Jason Richard Anderson |
| Bank of America, N.A. | | Blox Lending LLC | 08/17/20 | - \$ | 01/31/22 | | Jason Richard Anderson |
| Washington Federal Bank | xx8442 | Blox Lending LLC | 01/18/22 \$ | - \$ | 12/31/22 \$ | - | Jason and Jacob Anderson |
| UTAH FIRST FCU | xx5607 | Business Funding Solutions | 05/31/18 | - \$ | 05/04/23 | \$ 22,056.61 | Jason Anderson |
| JPMORGAN CHASE BANK, NA | xx6549 | Calmes & Co Inc | 05/04/21 | - \$ | 04/28/23 | \$ 201,682.15 | 201,682.15 Kory & Chadwick Calmes |
| JPMORGAN CHASE BANK, NA | xx2788 | Calmes & Co Inc | 07/13/21 | - \$ | 04/28/23 \$ | | 17,557.18 Kory & Chadwick Calmes |
| JPMORGAN CHASE BANK, NA | xx6893 | Calmes & Co Inc | 07/13/21 \$ | - \$ | 04/28/23 \$ | | 21.22 Kory & Chadwick Calmes |
| JPMORGAN CHASE BANK, NA | 6E90xx | Calmfritz Holdings, LLC | 05/05/21 | - \$ | 07/29/22 | - \$ | Matthew D Fritzsche & Chadwick & Kory Calmes |
| JPMORGAN CHASE BANK, NA | xx8115 | Calmfritz Holdings, LLC | 11/05/21 | - \$ | 07/29/22 | - \$ | Chadwick H Calmes & Matthew Dillon Fritzsche |
| US BANK, NA | xx4054 | Calmfritz Holdings, LLC | 07/15/22 | - \$ | \$ 20/30/53 \$ | | (828.00) Chadwick Calmes, Matthew Dillion Fritzsche, Monica M Calmes |
| Mountain America CU | xx2717 | Digital Licensing Inc. | 02/07/23 | - \$ | \$ (2/30/53 | | 367,393.32 Roydon Nelson & Schad Brannon |
| Zions First National Bank | xx4702 | Digital Licensing Inc. | 03/21/21 | - \$ | 03/01/23 | - \$ | Roydon Nelson & Schad Brannon |
| Zions First National Bank | xx2497 | Digital Licensing Inc. | 11/23/21 | - \$ | 02/08/23 | - \$ | Roydon Nelson & Schad Brannon |
| Mountain America CU | xx0736 | IX Global | 03/02/23 | - \$ | 04/30/23 \$ | | 24,617.49 Joseph Martinez |
| Bank of America, N.A. | xx8643 | IX Global LLC | 07/12/22 | - \$ | 03/14/23 | \$ 438,145.89 | Joseph Anthony Martinez Jr |
| Bank of America, N.A. | xx8630 | IX Global LLC | 07/12/22 | - \$ | 03/06/23 | \$ 161,471.65 | 161,471.65 Joseph Anthony Martinez Jr |
| Bank of America, N.A. | xx8656 | IX Global LLC | 07/12/22 | - \$ | 02/28/23 \$ | | 10,002.24 Joseph Anthony Martinez Jr |
| JPMORGAN CHASE BANK, NA | xx7087 | IX Global LLC | 08/24/21 | - \$ | 08/31/22 \$ | - | Joseph Anthony Martinez Jr |
| JPMORGAN CHASE BANK, NA | xx1712 | IX Global LLC | 09/08/21 | - \$ | 08/31/22 | - \$ | Joseph Anthony Martinez Jr |
| Metropolitan Commercial Bank - | xx9883 | IX Global LLC | 07/30/22 | - \$ | 05/01/23 | \$ 128.894.99 | No information |
| Revolut payment processing | | | ((| ŀ | / | 2000 | |
| Zions First National Bank | xx0053 | The Gold Collective LLC | 03/12/19 | - \$ | 02/28/23 | - \$ | Roydon Bleak Nelson |
| Zions First National Bank | xx2273 | The Gold Collective LLC | 07/13/20 | - \$ | 02/09/23 | - \$ | Roydon Bleak Nelson |
| Zions First National Bank | xx3593 | The Gold Collective LLC | 07/22/19 | - \$ | 02/28/23 | - \$ | Roydon Bleak Nelson |
| Zions First National Bank | xx3601 | The Gold Collective V LLC | 07/21/19 | - \$ | 02/28/23 \$ | 1 | Roydon Bleak Nelson |
| Zions First National Bank | | The Gold Collective VI LLC | 07/28/19 | | 02/28/23 \$ | - | Roydon Bleak Nelson |
| Bank of America, N.A. | | UIU Holdings LLC | 11/13/19 | - \$ | 09/30/21 | | Jason Richard Anderson |
| Washington Federal Bank | xx0589 | UIU Holdings LLC | 08/26/21 | - ÷ | 12/31/22 | \$ | Jason and Jacob Anderson |

| 23,135,350.72 | ./.2 | | (signed by) | | |
|---------------|--------------------------|----------------------------------|-------------------------|---|------------|
| Withdrawa | Stmt Description | payor / payee other information | chk# | Account | sub Accoun |
| 135,00 | 135,000.00 Wire Out | ARCHER DRILLING | Side Track | Digital Licensing Inc Zions xx4702 | |
| 15,47 | 15,421.55 Wire Out | ARCHER DRILLING | Drill Pipe | Digital Licensing Inc Zions xx4702 | |
| 93,5 | 93,568.00 Wire Out | ARCHER DRILLING | Payroll | Digital Licensing Inc Zions xx4702 | |
| 60, | 60,000.00 Wire Out | ARCHER DRILLING | Nebraska O | Digital Licensing Inc Zions xx4702 | |
| 470, | 470,153.94 Wire Out | ARCHER DRILLING | Operations | Digital Licensing Inc Zions xx4702 | |
| 127 | 127,441.00 Wire Out | ARCHER DRILLING | Payroll | Digital Licensing Inc Zions xx4702 | |
| 35 | 35,000.00 Wire Out | ARCHER DRILLING | Casing and | Digital Licensing Inc Zions xx4702 | |
| 2 | 21,353.64 Wire Out | ARCHER DRILLING | Cement and | Digital Licensing Inc Zions xx4702 | |
| 200 | 202,850.04 Wire Out | ARCHER DRILLING | Payroll | Digital Licensing Inc Zions xx4702 | |
| 9 | 100,000.00 Wire Out | ARCHER DRILLING | Nebraska O | Digital Licensing Inc Zions xx4702 | |
| 00 | 86,360.56 Wire Out | ARCHER DRILLING | Payroll | Digital Licensing Inc Zions xx4702 | |
| 4 | 45,050.00 Wire Out | ARCHER DRILLING | Nebraska P | Digital Licensing Inc Zions xx4702 | |
| 2 | 53,364.12 Wire Out | ARCHER DRILLING | Notes: (PA | Digital Licensing Inc Zions xx4702 | |
| 2 | 21,000.00 Wire Out | ARCHER DRILLING | Re: Operat | Digital Licensing Inc Zions xx4702 | |
| (7) | 33,516.00 Wire Out | ARCHER DRILLING | Re: Payrol | Digital Licensing Inc Zions xx4702 | |
| 4 | 44,302.32 Wire Out | ARCHER DRILLING | Payroll | Digital Licensing Inc Zions xx4702 | |
| | 2,671.57 Wire Out | ARCHER DRILLING | Re: Payrol | Digital Licensing Inc Zions xx4702 | |
| | 30,773.85 Wire Out | ARCHER DRILLING | Archer Pay | Digital Licensing Inc Zions xx4702 | |
| | 28,000.00 Wire | Archer Drilling | Payroll | Digital Licensing Inc Mountain American Credit Union xx2717 | ID50 |
| | 4,751.57 Wire | Archer Drilling | Payroll | Digital Licensing Inc Mountain American Credit Union xx2717 | ID50 |
| | 530,607.00 Wire Out | BFS JASON ANDERSON | COMMISSION | Digital Licensing Inc Zions xx4702 | |
| | 36,000.00 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| | 70,060.50 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| | 138,726.25 Wire Out | BFS JASON ANDERSON | Commiss | Digital Licensing Inc Zions xx4702 | |
| | 55,129.55 Wire Out | BFS JASON ANDERSON | COMMISSION | Digital Licensing Inc Zions xx4702 | |
| | 544,183.60 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| | 475,674.00 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| m | 300,191.00 Wire Out | BFS Utah bank | AT | Digital Licensing Inc Zions xx4702 | |
| ` | 162,180.00 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| | 25,000.00 Wire Out | BFS JASON ANDERSON | Attn: Jason | Digital Licensing Inc Zions xx4702 | |
| 1 | 670,433.14 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4/UZ | |
| - 0 | 1,444,000.00 Wile Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions XX4/UZ | |
| 2 0 | 3,590,376.00 Wile Out | BES INSON ANDERSON | Commiss | Digital Licensing Inc Zions xx4702 | |
| Į. | 750.000.00 Wire Out | BUSINESS FUNDING SOLITIONS I I C | | Digital Licensing Inc Zions xx4702 | |
| | 200.000.00 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| -, | 1,000,000.00 Wire Out | BUSINESS FUNDING SOLUTIONS LLC | | Digital Licensing Inc Zions xx4702 | |
| | INCOMING WIRE | BLOX LENDING, LLC | Attn: Scha | Digital Licensing Inc Zions xx4702 | |
| | INCOMING WIRE | BLOX LENDING, LLC | Attn: Roy | Digital Licensing Inc Zions xx4702 | |
| ~ | 1,152,300.00 Wire Out | BLOX LENDING, LLC | Loan Rep | Digital Licensing Inc Zions xx4702 | |
| | 500,000.00 Transfer Wire | to xx2519 | account of Blox Lending | Digital Licensing Inc Mountain American Credit Union xx2717 | ID50 |
| | 10,500.00 Wire Out | Dawn Brannon | | Digital Licensing Inc Zions xx4702 | |
| | 23,250.00 Intl Wire Out | Schad Edward Brannon | ACCOM | Digital Licensing Inc Zions xx4702 | |
| | 26,750.00 Intl Wire Out | Schad Edward Brannon | TRIP | Digital Licensing Inc Zions xx4702 | |
| | 41 | 30 d 30 Li H | | | |

X 4 DLI transaction

EX 4 DLI transactions

| Date Posted | Deposit | Withdrawal Stmt Description | payor / payee | other information chk # For | Account sub Account |
|-------------|-------------|--|-----------------|-----------------------------|--|
| 04/23/21 | € | 3,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 04/30/21 | 69 | 15,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 05/03/21 | 69 | 32,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 05/04/21 | € | 25,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 05/14/21 | 69 | 8,500.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 05/24/21 | ↔ | 50,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 06/02/21 | € | 25,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 06/14/21 | 69 | 15,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 06/22/21 | S | 25,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 06/30/21 | € | 20,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 07/08/21 | 69 | 40,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 07/27/21 | 69 | 23,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 07/27/21 | ь | 2,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 08/02/21 | 69 | 200.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 08/02/21 | € | 20,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 08/06/21 | 69 | 10,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 08/24/21 | G | 50,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 09/01/21 | 69 | 10,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 09/17/21 | ↔ | 10,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 09/27/21 | € | 60,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 10/14/21 | 69 | 35,510.37 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 10/29/21 | 69 | 15,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 11/01/21 | 69 | 50,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 11/23/21 | 69 | 353,907.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 12/13/21 | ↔ | 123,229.38 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 12/21/21 | 69 | 52,960.75 Bank-Cust Initiated Debit | THE GOLD COL | Saving | Digital Licensing Inc Zions xx4702 |
| 01/12/22 | € | 55,052.55 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 01/31/22 | € | 37,100.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 02/07/22 | 69 | 13,341.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 02/08/22 | 69 | 20,000.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 02/11/22 | 69 | 29,685.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 02/16/22 | ↔ | 36,729.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 03/01/22 | \$2,205.71 | Bank/Cust Initiated Credit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 03/08/22 | 69 | 6,789.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 03/11/22 | 69 | 25,000.00 Bank-Cust Initiated Debit | THE GOLD COL | Saving | Digital Licensing Inc Zions xx4702 |
| 03/30/22 | ↔ | 122,960.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 04/04/22 | 69 | 5,400.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 04/05/22 | 69 | 21,500.00 Bank-Cust Initiated Debit | THE GOLD COL | saving | Digital Licensing Inc Zions xx4702 |
| 04/26/22 | 69 | 2,000,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 06/09/22 | 69 | 2,250.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 08/08/22 | \$10,500.00 | Bank/Cust Initiated Credit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 09/06/22 | မာ | 3,000.00 Bank-Cust Initiated Debit | THE GOLD COL | | Digital Licensing Inc Zions xx4702 |
| 12/08/22 | ↔ | 91,280.25 Bank-Cust Initiated Debit | THE GOLD COL | saving | |
| 02/14/23 | | 250,000.00 Transfer | The Gold Collec | Share 50 | Digital Licensing Inc Mountain American Credit Union xx2717 ID50 |
| 03/31/23 | | 100,000.00 Transfer | The Gold Collec | Share 50 | |
| 04/14/23 | | 100,000.00 Transfer | The Gold Collec | Loan 0050 | Digital Licensing Inc Mountain American Credit Union xx2717 ID07 |
| 04/27/23 | | 452,000.00 Transfer | The Gold Collec | Loan 0007 | |
| 05/04/23 | 200,000,000 | Transfer | The Gold Collec | loan to DLI | Digital Licensing Inc Mountain American Credit Union xx2717 ID50 |
| 05/18/23 | | 50,000.00 Transfer | The Gold Collec | Loan to TGC | Digital Licensing Inc Mountain American Credit Union xx2717 ID01 |
| 10/19/21 | \$59,669.05 | Bank/Cust Initiated Credit | NELSON ROYDO | | Digital Licensing Inc Zions xx4702 |

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| Account | Digital Licensing Inc Zions xx4702 | Digital Licensing Inc Zions xx4702 | Digital Licensing Inc Mountain American Credit Union xx2717 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx4702 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx2497 | Digital Licensing Inc Zions xx4702 | |
| For | | | Funding Striker Acct 0001 | EXPLORATION | DRILL RIG | OPERATIONS | OPERATIONS | NEBRASKA LOW | PAYROLL TRA | EQUIPMENT GA | PAYROLL FOR | PAYORLL AND LOGI | FISHERMAN EXPENS | NEBRASKA FUEL | NEBRASKA PAYROLL | LOAN | LOAN | |
| chk# | | | | | | | | | | | | | | | | | | |
| other information | | | | | | | | | | | | | | | | | | |
| payor / payee | NELSON ROYDO | NELSON ROYDO | Nelson, Roydon | PURDY OIL, LLC | PURDY OIL, LLC | PURDY OIL, LLC | PURDY OIL, LLC | PURDY OIL | PURDY OIL, LLC | PURDY OIL, LLC | PURDY OIL, LLC | PURDY OIL | PURDY OIL | PURDY OIL | PURDY OIL | Gene Purdy | Gene Purdy | |
| Withdrawal Stmt Description | 544,183.60 Bank-Cust Initiated Debit | Bank/Cust Initiated Credit | 100,025.00 Transfer | 250,000.00 OUTGOING WIRE - BRANCH INITIAT PURDY OIL, LLC | 125,000.00 PC Wire Out | 125,000.00 PC Wire Out | 500,000.00 OUTGOING WIRE - BRANCH INITIAT PURDY OIL, LLC | 900,000.00 Wire Out | 100,000.00 PC Wire Out | 30,500.00 OUTGOING WIRE - BRANCH INITIAT PURDY OIL, LLC | 117,208.00 PC Wire Out | 60,000.00 Wire Out | 105,216.20 Wire Out | 40,500.00 Wire Out | 210,000.00 Wire Out | 80,208.88 Wire Out | 34,975.54 Wire Out | |
| <u>Deposit</u> Wit | 69 | \$544,183.60 | | | | | | 69 | | | | 69 | 69 | 69 | 69 | 69 | 69 | |
| Date Posted | 01/25/22 | 01/25/22 | 04/10/23 | 03/22/22 | 04/04/22 | 04/12/22 | 05/06/22 | 06/17/22 | 08/12/22 | 08/16/22 | 08/29/22 | 09/02/22 | 09/09/22 | 09/12/22 | 09/14/22 | 09/23/22 | 10/11/22 | |

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| | Account | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8643 | IX Global LLC Metropolitan Commercial Bank xx9883 | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8643 | IX Global LLC Bank of America xx8643 | IX Global LLC Bank of America xx8643 | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8630 | IX Global LLC Metropolitan Commercial Bank xx9883 | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8643 | IX Global LLC Bank of America xx8643 | IX Global LLC Bank of America xx8643 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 |
| (signed by) | late chk# For | IX COGS SOFTWARE LICENSES | IX GHANA TRIP | LIC ORDER OCT 27 | COGS OCT | POP Goods | POP Goods | | | | | | | Goods IX Global BGLD | POP Goods IX Global BLOX | POP Other IX Global Loan Payoff | USER IS PLATANO | POP Services IX Nov23 | | | | | | | Capital injection/infusion | Capital injection/infusion | POP /COP/ | account of Joseph Martinez | 5/21 614801922 | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez |
| | payor / payee check date | DIGITAL LICENSING INC | DIGITAL LICENSING INC | DIGITAL LICENSING INC | DIGITAL LICENSING INC | DIGITAL LICENSING INC. | DIGITAL LICENSING INC. | Business Funding Solutions | BLOX LENDING LLC | BLOX LENDING LLC | BLOX LENDING LLC | BLOX LENDING LLC | FLAHERTY ENTERPRISES LLC | FLAHERTY ENTERPRISES | Flaherty Enterprises | Flaherty Enterprises | Flaherty Enterprises | Flaherty Enterprises | Flaherty Enterprises | IX VENTURES FZCO | IX VENTURES FZCO | IX VENTURES FZCO | IX VENTURES FZCO | CHK 3506 | Joseph Martinez 08/25/21 | CHK 3506 | CHK 3506 | CHK 3506 | CHK 3506 | SAV 9195 | CHK 3506 | SAV 9195 | CHK 3506 | CHK 3506 | CHK 3506 | SAV 7079 |
| 14,981,574.66 | Withdrawal Stmt Description | 280,000.00 WIRE | 50,000.00 Wire | 350,000.00 Wire | 500,000.00 Wire | 2,250,000.00 Wire | 500,000.00 Wire | 50,000.00 Revolut Remittance Transfer Debit | WIRE | 500,000.00 Wire | 1,000,000.00 Wire | 3,099,317.00 Wire | WIRE | 150,000.00 Wire | 50,000.00 Revolut Remittance Transfer Debit | 20,000.00 Revolut Remittance Transfer Debit | 30,000.00 Revolut Remittance Transfer Debit | 13,000.00 Revolut Remittance Transfer Debit | 12,500.00 Revolut Remittance Transfer Debit | 100,000.00 WIRE | 250,000.00 Wire | 500,000.00 Wire | 500,000.00 Wire | Pre-Authorized Deposit | Deposit | 50,000.00 Pre-Authorized Payment | 5,000.00 Pre-Authorized Payment | 5,000.00 Pre-Authorized Payment | 5,000.00 Pre-Authorized Payment | 10,000.00 Pre-Authorized Payment | 4,500.00 Pre-Authorized Payment | 10,000.00 Pre-Authorized Payment | 3,000.00 Pre-Authorized Payment | Pre-Authorized Deposit | 5,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment |
| 1,140,127.31 1 | <u>Deposit</u> | | | | | | | | | | | | 250,000.00 | | | | 7,000.00 | | | | | | | | | | | 35,000.00 | 225,000.00 | | | | | | | | | 2,827.31 | | |
| | Date Posted | 8/10/2022 | 10/07/2022 | 10/27/2022 | 11/09/2022 | 12/05/2022 | 01/19/2023 | 03/23/2023 | 03/24/2023 | 04/03/2023 | 04/10/2023 | 04/17/2023 | 6/29/2022 | 10/04/2022 | 11/22/2022 | 02/13/2023 | 7/25/2022 | 11/23/2022 | 03/24/2023 | 04/04/2023 | 04/11/2023 | 04/21/2023 | 04/27/2023 | 12/27/2021 | 09/07/2022 | 10/04/2022 | 12/28/2022 | 2021-08-24 | 2021-08-25 | 2021-08-30 | 2021-09-07 | 2021-09-13 | 2021-09-20 | 2021-10-04 | 2021-10-12 | 2021-10-15 | 2021-10-18 | 2021-10-19 | 2021-10-25 | 2021-10-27 |

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| Account | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx1712 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8643 | IX Global LLC Mountain America Credit Union xx0736 | IX Global LLC Metropolitan Commercial Bank xx9883 | IX Global LLC Mountain America Credit Union xx0736 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 |
| check date chk # For | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | account of Joseph Martinez | 8/12/2022 9035936480 account of Joseph Martinez | Joseph A Martinez | Joseph A Martinez | Joseph A Martinez & Ros | Joseph A Martinez & Ros | Joseph | | Joseph Share 50 | | | | | | IX JULY 1 | IX 10L 06 |
| payor / payee c | CHK 2699 | CHK 3506 | SAV 7079 | SAV 7095 | SAV 7103 | CHK 2699 | CHK 3506 | CHK 3506 | CHK 3506 | CHK 3506 | CHK 3506 | SAV 7079 | SAV 7079 | SAV 7095 | SAV 7103 | SAV 9195 | SAV 9195 | CHK 3506 | CHK 3506 | CHK 3506 | CHK 3506 | SAV 7079 | SAV 7095 | SAV 7103 | CHK 3506 | SLC Motorcars | IRS | IRS | IRS | IRS | Cash | | Joseph Martinez | TravisFlaherty (_#####8614) | Travis Flaherty | Travis Flaherty |
| Withdrawal Stmt Description | 2,652.00 Pre-Authorized Payment | 100,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment | 4,229.16 Pre-Authorized Payment | Pre-Authorized Deposit | Pre-Authorized Deposit | 25,000.00 Pre-Authorized Payment | 150,000.00 Pre-Authorized Payment | 60,000.00 Pre-Authorized Payment | Pre-Authorized Deposit | 2,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment | 1,000.00 Pre-Authorized Payment | 500,000.00 Pre-Authorized Payment | 500,000.00 Pre-Authorized Payment | 250,000.00 Pre-Authorized Payment | 700,000.00 Pre-Authorized Payment | 210,000.00 Pre-Authorized Payment | Pre-Authorized Deposit | Pre-Authorized Deposit | Pre-Authorized Deposit | Pre-Authorized Deposit | 150,000.00 Pre-Authorized Payment | 2,000.00 Pre-Authorized Payment | 2,000.00 Pre-Authorized Payment | 2,000.00 Pre-Authorized Payment | 40,000.00 Pre-Authorized Payment | 90,000.00 Withdrawal | 50,000.00 ACH | 71,415.00 ACH | 20,000.00 ACH | 118,000.00 ACH | 1,000.00 Withdrawal | 20,000.00 Revolut Remittance Transfer Debit | 66,000.00 Transfer | 1,395.00 Online ACH Payment | 3,475.00 Online ACH Payment | 1,975.00 Online ACH Payment | 1,375.00 Online ACH Payment | 643.00 Online ACH Payment | 9,950.00 WIRE | 10,000.00 WIRE |
| Deposit | | | | | | | 150,000.00 | 100,000.00 | | | | 1,000.00 | | | | | | | | | 4,000.00 | 5,300.00 | 110,000.00 | 45,000.00 | | | | | | | | | | | | | | | | | | | | |
| Date Posted | 2022-03-24 | 2022-03-25 | 2022-04-05 | 2022-04-05 | 2022-04-05 | 2022-04-11 | 2022-04-20 | 2022-04-20 | 2022-04-26 | 2022-05-05 | 2022-05-05 | 2022-05-05 | 2022-05-05 | 2022-05-05 | 2022-05-05 | 2022-05-16 | 2022-05-18 | 2022-05-25 | 2022-05-26 | 2022-06-06 | 2022-06-22 | 2022-06-23 | 2022-06-29 | 2022-06-29 | 2022-06-29 | 2022-07-13 | 2022-07-13 | 2022-07-13 | 2022-07-14 | 2022-08-12 | 09/07/2022 | 09/12/2022 | 01/11/2023 | 01/13/2023 | 03/14/23 | 03/21/2023 | 04/21/23 | 2022-05-25 | 2022-06-08 | 2022-06-15 | 2022-06-23 | 2022-06-29 | 7/1/2022 | 7/6/2022 |

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| sub Account | | | | | | | | | | | |
|--------------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|--|--------------------------------------|--------------------------------------|--------------------------------------|
| Account | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | IX Global LLC Bank of America xx8643 | IX Global LLC Bank of America xx8630 | IX Global LLC Bank of America xx8630 | IX Global LLC Bank of America xx8630 |
| For | | | AUGUST | | | IX AUG 08 | IX AUG 16 | | IX OCT 6 | IX NOV 03 | IX DEC 19 |
| payor / payee check date chk # | TravisFlaherty (_#####8614) | ravisFlaherty (_#####8614) | ravis Flaherty | ravisFlaherty (_#####8614) | ravisFlaherty (_#####8614) | Fravis Flaherty | Fravis Flaherty | Travis Flaherty | RAVIS FLAHERTY | TRAVIS FLAHERTY | TRAVIS FLAHERTY |
| Withdrawal Stmt Description | 9,950.00 Online ACH Payment | 1,675.00 Online ACH Payment | 30,000.00 WIRE | 1,073.50 Online ACH Payment | 7,475.00 Online ACH Payment | 18,000.00 WIRE | 20,000.00 WIRE | 20,000.00 Payments and Invoicing Payment T | 100,000.00 Wire | 100,000.00 Wire | 239,975.00 Wire |
| Date Posted Deposit | 2022-07-13 | 2022-07-19 | 7/27/2022 | 2022-07-27 | 2022-08-04 | 8/8/2022 | 8/16/2022 | 08/22/2022 | 10/06/2022 | 11/03/2022 | 12/20/2022 |

EX 6 Calmfritz transactions

| | - 9,054,454.52 | (signed by) | |
|--------------------|---|------------------------|--|
| Date Posted Deposi | t V | late chk# For | Account |
| 2021-11-12 | 44,520.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-11-12 | | BDLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-11-18 | | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-11-26 | | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-02 | 78,890.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-15 | 29,680.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | GLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-15 | 136,080.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-17 | 18,550.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-17 | 63,570.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-31 | 20,860.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2021-12-31 | 25,970.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-01-27 | 37,100.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DLG 10 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-01 | 3,710.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 1 GOLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-01 | 252,000.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 120 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-02 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-04 | 14,840.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 4 DLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-04 | 63,000.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DEBT 30 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-04 | 196,350.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | BGLD 55 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-09 | 18,550.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 5 DLG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-09 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-09 | OUTBOUND FED WIRE TRANSFER | 30 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-15 | OUTBOUND FED WIRE TRANSFER | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-15 | OUTBOUND FED WIRE TRANSFER | 25 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-17 | OUTBOUND FED WIRE TRANSFER | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-17 | OUTBOUND FED WIRE TRANSFER | 25 BGLD, ADDITIONAL 7K | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-24 | OUTBOUND FED WIRE TRANSFER | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-25 | OUTBOUND FED WIRE TRANSFER DIGITAL L | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-02-28 | OUTBOUND FED WIRE TRANSFER | 50 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-01 | OUTBOUND FED WIRE TRANSFER DIGITAL L | 50 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-02 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DEBT 25 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-03 | DIGITAL L | 50 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-04 | 127,750.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 25 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-07 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-08 | 105,000.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 50 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-10 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | DEBT LICENSES - 25 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-14 | 210,000.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 100 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-15 | 472,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 225 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-16 | 472,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 225 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-18 | 59,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 10 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-18 | OUTBOUND FED WIRE TRANSFER | 200 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-22 | 89,950.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 15 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-25 | 52,500.00 OUTBOUND FED WIRE TRANSFER DIGITAL LICENSING INC | 25 DEBT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-25 | OUTBOUND FED WIRE TRANSFE | 35 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-03-28 | 3,780.00 3,710 DIGITAL LICENSING INC 3/10 | 3/16/2022 Chad | Calmfrity Holdings 110 IDM/CB vv0630 |
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| Date Posted | Deposit | Withdrawal | Stmt Description | payor / payee | check date chk # | For | Account |
|-------------|---------|------------------------|---|---------------------------|---------------------------------|---|--|
| 2022-04-01 | | 90.002,99 | 66,500.00 OUTBOUND FED WIRE TRANSFER | DIGITAL LICENSING INC | | 10 BGLD | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-04-21 | | 416,500.00 Ot | 416,500.00 OUTBOUND FED WIRE TRANSFER | DIGITAL LICENSING INC | | 175 NATG | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-04-22 | | 238,000.00 | 238,000.00 OUTBOUND FED WIRE TRANSFER | DIGITAL LICENSING INC | | NATG 100 | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-04-22 | | 476,000.00 Ot | 476,000.00 OUTBOUND FED WIRE TRANSFER | DIGITAL LICENSING INC | | 200 NAT | Calmfritz Holdings LLC JPMCB xx8115 |
| 2022-07-14 | | 271,479.52 Ot | 271,479.52 OUTBOUND FED WIRE TRANSFER | DIGITAL LICENSING INC | | | Calmfritz Holdings LLC JPMCB xx8115 |
| 08/12/22 | | 50,000.00 Ct | 50,000.00 Customer Experience Interface Initiated DIGITAL LICENSING INC | DIGITAL LICENSING INC | | SOFTWARE LICENSES | Calmfritz Holdings LLC USBank xx4054 |
| 08/18/22 | | 50,000.00 Ct | 50,000.00 Customer Experience Interface Initiated DIGITAL LICENSING INC | d DIGITAL LICENSING INC | | XPLR CREDIT PAYMENT | Calmfritz Holdings LLC USBank xx4054 |
| 08/22/22 | | 50,000.00 Ct | 50,000.00 Customer Experience Interface Initiated DIGITAL LI | d DIGITAL LICENSING INC | | CREDIT REPAYMENT | Calmfritz Holdings LLC USBank xx4054 |
| 08/25/22 | | 75,000.00 Ct | 75,000.00 Customer Experience Interface Initiated DIGITAL L | d DIGITAL LICENSING INC | | CREDIT REPAYMENT | Calmfritz Holdings LLC USBank xx4054 |
| 09/06/22 | | 75,000.00 Ct | 75,000.00 Customer Experience Interface Initiated DIGITAL LI | d DIGITAL LICENSING INC | | CREDIT REPAYMENT | Calmfritz Holdings LLC USBank xx4054 |
| 12/19/22 | | 80,500.00 Ct | 80,500.00 Customer Experience Interface Initiated DIGITAL L | d DIGITAL LICENSING INC | | LOAN REPAYMENT CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 01/18/23 | | 900,000.00 Ct | 900,000.00 Customer Experience Interface Initiated DIGITAL L | d DIGITAL LICENSING INC | | PURCHASE OF CONTRACTS FOR SOFTWARE BUSINESS RELATIONS | S Calmfritz Holdings LLC USBank xx4054 |
| 01/20/23 | | 500,000.00 CL | 500,000.00 Customer Experience Interface Initiated I DIGITAL LI | d IDIGITAL LICENSING INC | | PURCHASE WHOLESALE SOFTWARE CUSTOMER | Calmfritz Holdings LLC USBank xx4054 |
| 01/26/23 | | 233,000.00 Ct | 233,000.00 Customer Experience Interface Initiated IDIGITAL LI | d I DIGITAL LICENSING INC | | SOFTWARE FOR RESALE CUSTOMER ROY NELSON | Calmfritz Holdings LLC USBank xx4054 |
| 02/02/23 | | 200,000.00 CL | 200,000.00 Customer Experience Interface Initiated IDIGIT LICENSING INC | A I DIGIT LICENSING INC | | WHOLESALE SOFTWARE LICENSES VENDOR/CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 02/03/23 | | 73,000.00 Ct | 73,000.00 Customer Experience Interface Initiated I DIGIT LICENSING INC | A I DIGIT LICENSING INC | | WHOLESALE SOFTWARE PURCHASE VENDOR/CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 02/07/23 | | 46,875.00 Ct | 46,875.00 Customer Experience Interface Initiated I DIGITAL L | d I DIGITAL LICENSING INC | | WHOLESALE SOFTWARE SALES BUSINESS | Calmfritz Holdings LLC USBank xx4054 |
| 02/17/23 | | 78,000.00 Ct | 78,000.00 Customer Experience Interface Initiated I DIGIT LICENSING INC | A I DIGIT LICENSING INC | | WHOLESALE SOFTWARE SALES BUSINESS VENDOR | Calmfritz Holdings LLC USBank xx4054 |
| 02/24/23 | | 47,100.00 BF | 47,100.00 BRANCH INITIATED WIRES | DIGIT LICENSING INC | | WHOLESALE SOFTWARE SALES BUSINESS CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 02/27/23 | | 45,000.00 BF | 45,000.00 BRANCH INITIATED WIRES | DIGIT LICENSING INC | | WHOLESALE SOFTWARE SALES BUSINESS CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 03/10/23 | | 52,700.00 BF | 52,700.00 BRANCH INITIATED WIRES | DIGITAL LICENSING INC | | PURCHASING SOFTWARE VENDOR | Calmfritz Holdings LLC USBank xx4054 |
| 03/15/23 | | 76,500.00 BF | 76,500.00 BRANCH INITIATED WIRES | DIGIT LICENSING INC | | WHOLESALE SOFTWARE SALES BUSINESS CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 03/17/23 | | 36,500.00 BF | 36,500.00 BRANCH INITIATED WIRES | DIGITAL LICENSING INC | | WHOLE SALE SOFTWARE PURCHASE CLIENT | Calmfritz Holdings LLC USBank xx4054 |
| 03/21/23 | | 17,000.00 BF | 17,000.00 BRANCH INITIATED WIRES | DIGITAL LICENSING INC | | INVOICE PAYMENT BUYER | Calmfritz Holdings LLC USBank xx4054 |
| 03/31/23 | | 34,000.00 BF | 34,000.00 BRANCH INITIATED WIRES | DIGITAL LICENSING INC | | WHOLESALE SOFTWARE SALES VENDOR | Calmfritz Holdings LLC USBank xx4054 |
| 04/13/23 | | 36,550.00 Withdrawal | Vithdrawal | Digit Licensing Inc | 04/13/23 M Fritzsche 3904516631 | 6631 Software Order | Calmfritz Holdings LLC USBank xx4054 |
| 2022-04-07 | | 30,000.00 | 30,000.00 OUTBOUND FED WIRE TRANSFER | MATTHEW FRITZSCHE | | Distribution | Calmfritz Holdings LLC JPMCB xx0639 |
| 03/31/23 | | 2,000.00 Zelle Instant | elle Instant | Matt Fritzxche | | | Calmfritz Holdings LLC USBank xx4054 |
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| | Am | Amount | | | | |
| | 73,000.00 | 260,920.00 | | (sig | (signed by) | |
| Date Posted | Deposit | Withdrawal Stmt Description | payor / payee | check date | chk# | Account |
| 2021-11-08 | | 20,200.00 OUTBOUND FED WIRE TRANSFER | R CALMFRITZ HOLDINGS, LLC | | Ronnie Calmes | Calmes & Co JPMCB xx2788 |
| 2021-11-12 | | 27,720.00 OUTBOUND FED WIRE TRANSFER | R CALMFRITZ HOLDINGS, LLC | | Hans Solo | Calmes & Co JPMCB xx2788 |
| 2021-11-16 | | 9,500.00 OUTBOUND FED WIRE TRANSFER | R CALMFRITZ HOLDINGS, LLC | | Ronnie Calmes | Calmes & Co JPMCB xx2788 |
| 2021-11-18 | | 29,600.00 OUTBOUND FED WIRE TRANSFER | R CALMFRITZ HOLDINGS, LLC | | Sales | Calmes & Co JPMCB xx2788 |
| 2021-11-24 | | 11,400.00 OUTBOUND FED WIRE TRANSFER | R CALMFRITZ HOLDINGS, LLC | | RICK JORDAN AND BECKY BUEHNER | Calmes & Co JPMCB xx2788 |
| 2021-12-31 | 13,000.00 | PRE-AUTHORIZED DEPOSIT | CHK8115 | | account of Calmfritz Holdings | Calmes & Co JPMCB xx6549 |
| 2022-04-11 | 60,000.00 | PRE-AUTHORIZED DEPOSIT | CHK0639 | | account of Calmfritz Holdings | Calmes & Co JPMCB xx6893 |
| 2023-01-20 | | 157,500.00 OUTBOUND FED WIRE TRANSFER | S CALMFRITZ HOLDINGS, LLC | | | Calmes & Co JPMCB xx2788 |
| 2023-01-25 | | 5,000.00 ONLINE REAL TIME TRANSFER | CalmFritz 4054 | | | Calmes & Co JPMCB xx2788 |

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| Account | BLOX America First CU xx2519 | Blox Wash Federal Bank xx8442 | Blox Wash Federal Bank xx8442 | Blox Wash Federal Bank xx8442 | Blox Wash Federal Bank xx8442 | Blox Wash Federal Bank xx8442 | Business Funding Utah First CU xx5607 | Digital Licensing Inc Zions xx4702 | IX Global accounts | IX Global LLC Bank of America xx8630 | IX Global LLC JPMCB xx7087 | IX Global LLC JPMCB xx7087 | |
| CNK # | 12/09/22 Jason ZFK?98RNA9NO285442 | 22 807445 VIN # ZFF97CMA1NQ282701 | Pine Bluffs, WY File # 4521-3902122 | Escrow 93828 Address | Escrow Account File # 1857453 | Cash Out Refi | | | ? DL1780? 296? | 1 Jason SF 90 spider?? DL17?4 | .2 Jason 296? | | Joseph M Martinez | | | | | | | | | | | | | | | | | | INVOICE EXS070422BUSINESS TRAVEL | INVOICE EXS100422INVOICE PAYMENT | |
| payor / payee | 1 Salt Lake Ferrari 12/09/22 | Ferrari of Salt Lake | First American Title Insurance Comp | Metro National Title Trust | Stewart Title Company | Trever Fritzsche | Ferrari of SLC | Ferrari of SLC | Ferrari of SLC | Ferrari of SLC 11/29/21 Jason | Ferrari of SLC 06/02/22 Jason | STUTEVILLE FORD LINCOLN OF PON | American Express | Custom Classic Auto | EXTREME SCENE ADVENTURES AND TOURS | EXTREME SCENE ADVENTURES AND TOURS | |
| Withdrawai Stmt Description | 349,630.35 | 450,744.58 Withdrawal | 454,410.00 Wire | 1,089,051.72 Wire | 850,000.00 Wire | 350,000.00 Wire | \$25,000.00 2122 | \$25,000.00 2123 | \$25,000.00 2124 | \$50,000.00 2121 | \$25,000.00 2130 | \$ 33,000.00 Wire Out | \$1,009,390 ACH/W'I | 1,756 50 EXTERNAL XFR | 757 00 EXTERNAL XFR | 358 50 EXTERNAL XFR | 506 00 EXTERNAL XFR | 1,372 50 EXTERNAL XFR | 721 00 EXTERNAL XFR | 417 00 EXTERNAL XFR | 1,020 00 EXTERNAL XFR | 1,678 50 EXTERNAL XFR | 329 00 EXTERNAL XFR | 356 50 EXTERNAL XFR | 1,040 00 EXTERNAL XFR | 428 50 EXTERNAL XFR | 1,898 00 EXTERNAL XFR C | 1,074 00 EXTERNAL XFR | 901 00 EXTERNAL XFR | 542 00 EXTERNAL XFR | 27,997.71 WIRE | 1,566.99 WIRE | |
| Date Posted | 12/15/22 | 11/23/22 | 05/12/22 | 09/09/22 | 11/21/22 | 10/18/22 | 12/02/21 | 12/02/21 | 12/02/21 | 12/13/21 | 06/07/22 | 01/27/23 | //2021 - 4/2023 | 09/27/2022 | 10/25/2022 | 10/31/2022 | 11/15/2022 | 11/22/2022 | 11/28/2022 | 12/05/2022 | 12/12/2022 | 12/27/2022 | 12/30/2022 | 01/09/2023 | 01/27/2023 | 01/31/2023 | 02/07/2023 | 02/14/2023 | 02/23/2023 | 02/28/2023 | 3/4/2022 | 4/1/2022 | |

EX 8 Apparent Personal payments

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1083 Page 199 of 211

Amount: \$164,472.35 Sequence Number: 3952876752

Account: 9754 Capture Date: 06/30/2023

Bank Number: 54086010 Check Number: 4441280304

Cashier's Check Credit

No. 4441280304

Bank of America, N.A. Phoenix, Arizona

110/1006020

91-170/1221

DATE

06/30/2023 07:19:51 AM

BANK OF SIX FOUR FOUR SEVEN DE CISCIS

** One Hundred Sixty Four Thousand Four Hundred Seventy Two and 35/100 Pollars **

\$164,472.35

To The Order Of

IX GLOBAL LLC

769 TANGLEWOOD LOOP

NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 164,472.35

Remitter: 75267825, NID, 8630 Void Over 90 Days

#4441280304# #540860108#

9754

010923846

Seq: 1

Seq:00001 06/30/23 BAT:033355 CC:0991006020 WT:08 LTPS:Dallas CT BC:RAC Texas TX2-980

Electronic Endorsements:

Date Sequence Bank # Endrs Type TRN RRC Bank Name

06/30/2023 3952876752 111000025 Rtn Loc/BOFD Y Bank of America, NA

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1084 Page 200 of

Amount: \$164,472.35 Sequence Number: 4592733791 9754 Capture Date: 07/11/2023 Account : Bank Number: 12210170 Check Number: 4441280304

BANK OF AMERICA 🥙

Cashier's Check

No. 4441280304

DATE

Bank of America, N.A. Phoenix, Arizona 110/1006020

** One Hundred Sixty Four Thousand Four Hundred Seventy Two and 35/100 Dollars

06/30/2023 07:19:51 AM

To The Order Of

02-2019

IX GLOBAL LLC

769 TANGLEWOOD LOOP

NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 164,472,35

Remitter: 75267825, NID, 8630

Void Over 90 Days

9754#

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

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Mountain America CU >324079555< Branch #: 0018 TELLER: 1111 Transaction #: 9459665

7/10/2023 11:47 AM DIN: 859200000083542

>324079555<

CREDIT TO THE ACCOUNT OF THE PAYEE MOUNTAIN AMERICA CREDIT UNION 02328

Electronic Endorsements:

Date Sequence Bank # TRN RRC Bank Name Endrs Type 07/11/2023 004592733791 111012822 Pay Bank N Bank of America, NA

07/10/2023 00048797275 311990511 Undetermined N Catalyst Corporate F 07/10/2023 859200000083542 324079555 Rtn Loc/BOFD Y Mountain America FCU

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1085 Page 201 of

Amount: \$553,305.99 Sequence Number: 3952876754 754 Capture Date: 06/30/2023 Account : Bank Number: 54086010 Check Number: 4441280305

Cashier's Check Credit

No. 4441280305

Bank of America, N.A. Phoenix, Arizona 110/1006020

91-170/1221

DATE

06/30/2023 07:19:51 AM

AMERICATIVE FIVE THREE THREE

** Five Hundred Fifty Three Thousand Three Hundred Five and 99/100 Dollars **

\$553,305.99

% To The Order Of

IX GLOBAL LLC

769 TANGLEWOOD LOOP

NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 553,305.99

Remitter: 75267825, NID, 8643

Void Over 90 Days

#4441280305# #540860108#

01092384?

Seq: 3

Batch: 033355

Date: 06/30/23

Seq:00003 06/30/23 BAT:033355 CC:0991006020 WT:08 LTPS:Dallas_CT_____

BC: RAC Texas TX2-980

Electronic Endorsements:

Date Sequence Bank # Endrs Type RRC Bank Name TRN

06/30/2023 3952876754 111000025 Rtn Loc/BOFD Y Bank of America, NA

Case 2:23-cv-00482-RJS-DBP Document 3-10 Filed 07/26/23 PageID.1086 Page 202 of 211

Amount: \$553,305.99 Sequence Number: 4592733775

Account: Capture Date: 07/11/2023

Bank Number: 12210170 Check Number: 4441280305

| Bank of America, N.A. Phonish, Artzuna 11071006020 PAY BANK OF AMERICANY FINE Hitter Trace There are a strong the property of the property | BANK OF AMERICA | Cashier's Check | No. 4441280305 |
|---|---|---|--|
| To The Order of 769 TANGLEWOOD LOOP NORTH SALT LAKE UT 84054-3342 Remitter: 75267825, NID, 8643 Void Over \$ 553,305.99 Void Over 90 Days TWO SIGNATURES HEQUIRED FOR AMOUNTS OVER \$250,000 II* L.L. 1 280 30 5II* 1: 1 2 2 1 0 1 70 5II* THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. Mountain America CU >324079555< Branch #: 0018 TELLER: 1111 Transaction #: 9459665 7/10/2023 11:47 AM DIN: 859200000083544 >324079555< | Phoenix, Arizona 11071006020 | THREE THREE 7 FRO FIVE CISCIS | |
| To The Original LLC Order of 769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84054-3342 Void Over \$ 553,305.99 Void Over 90 Days TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$250,000 II* LLL 1 2 B D 3 D 5 II* 1:1 2 2 1 D 1 7 D B 1: THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. Mountain America CU >324079555 < Branch #: 0018 TELLER: 1111 Transaction #: 9459665 7/10/2023 11:47 AM DIN: 859200000083544 >324079555 < | rive riuliuleu riilv riilee riiluusaliu | Three Hundred Five and 99/100 Dollars | **\$553,305.99** |
| \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | To The IX GLOBAL LLC Order Of 769 TANGLEWOOD LOOP NORTH SALT LAKE ,UT 84054 | | AUTHORIZED SIGNATURE Franche Dan |
| Mountain America CU | Remitter: 75267825, NID, 8643 | Vold Over 90 Days TWO SIGNA | TURES REQUIRED FOR AMOUNTS OVER \$250,000 |
| TELLER: 1111 Transaction #: 9459665 7/10/2023 11:47 AM DIN: 859200000083544 >324079555< | THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATER | | |
| جسانا الاقت | | >324079555< Branch #: 0018 | RSE OHECK HERE MOUNTAIN AME FOR BE DEFOSTORY S |
| جسانا الاقت | Provide the | Transaction #: 9459665 7/10/2023 11:47 AM DIN: 85920000083544 | EPOSH-ONLY |
| anning a few and deal only | | | ي ا ا ا ا ا |
| | anna an Maria (1971). Ta ann an a | | • |
| | | | |
| | | | |

Electronic Endorsements:

| Date | Sequence | Bank # | Enars Type | TRN | RRC | Bank Name |
|------------|-----------------|-----------|--------------|-----|-----|----------------------|
| 07/10/2023 | 00048797285 | 311990511 | Undetermined | N | | Catalyst Corporate F |
| 07/11/2023 | 004592733775 | 111012822 | Pay Bank | N | | Bank of America, NA |
| 07/10/2023 | 859200000083544 | 324079555 | Rtn Loc/BOFD | Y | | Mountain America FCU |

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Amount: \$10,003.55 Sequence Number: 3952876756

Account: Capture Date: 06/30/2023

Bank Number: 54086010 Check Number: 4441280306

Cashier's Check Credit

No. 4441280306

Bank of America, N.A. Phoenix, Arizona 110/1006020

91-170/1221

DATE

06/30/2023 07:19:51 AM

PAY CAMERICA ONE VERO VERO LINGUE CISCIS

"Ten Thousand Three and 55/100 Dollars "

\$10,003.55

To The Order Of

IX GLOBAL LLC

769 TANGLEWOOD LOOP

NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 10,003.55

Remitter: 75267825, NID, 8656

Void Over 90 Days

#4441280306# #540860108# |

754m

010923848

Seq: 5

Batch: 033355 Date: 06/30/23

.....

Seq:00005 05/30/23 BAT:033355 CC:0991006020 WT:08 LTPS:Dallas CT

Electronic Endorsements:

Date Sequence Bank # Endrs Type TRN RRC Bank Name

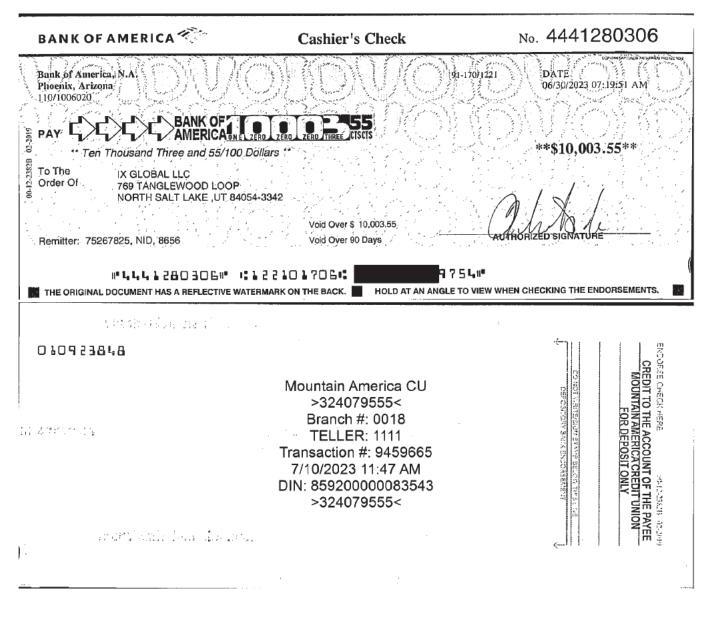
06/30/2023 3952876756 111000025 Rtn Loc/BOFD Y Bank of America, NA

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Amount: \$10,003.55 Sequence Number: 4592733774

Account: P754 Capture Date: 07/11/2023

Bank Number: 12210170 Check Number: 4441280306



Electronic Endorsements:

| Date | Sequence | Bank # | Endrs Type | TRN | RRC | Bank Name |
|------------|-----------------|-----------|--------------|-----|-----|----------------------|
| 07/11/2023 | 004592733774 | 111012822 | Pay Bank | N | | Bank of America, NA |
| 07/10/2023 | 859200000083543 | 324079555 | Rtn Loc/BOFD | Y | | Mountain America FCU |
| 07/10/2023 | 00048797280 | 311990511 | Undetermined | N | | Catalyst Corporate F |

0736 IX GLOBAL Transaction Summary

07/11/2023

| 0 / | 30 IX | GLUBAL | Transaction Sun | illiary | | | | | 07/11/2023 |
|-----------|-------|----------|--|-----------------|------|------|-------------|--------------|-------------|
| Post Date | ID | Eff Date | Transacti Trans Ar | nt Balance | Int/ | Fees | New Balance | Description | Prev Availa |
| | | | %% ACH Trace %% ACH ECC IAT TYPE: IAT PAYPAL CO: CORRADO CAVA | ARRA | | | | | |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit 94.5 %% ACH Trace %% ACH ECC CCD TYPE: CND 266693 | -94.50 | 0.00 | 0.00 | 679,956.11 | CORRADO CAVA | 680,050.61 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit 15,000.0 %% ACH Trace %% ACH ECC CCD TYPE: CND 266693 | 0 -15,000 | 0.00 | 0.00 | 680,050.61 | GUSTO | 695,050.61 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit 10,000.0 %% ACH Trace %% ACH ECC CCD TYPE: CND 266693 | 0 -10,000 | 0.00 | 0.00 | 695,050.61 | GUSTO | 705,050.61 |
| 07/07/2 | S 50 | 07/07/2 | | 0 -7,500.00 | 0.00 | 0.00 | 705,050.61 | GUSTO | 712,550.61 |
| 07/07/2 | S 50 | 07/07/2 | | -6,000.00 LC | 0.00 | 0.00 | 712,550.61 | GUSTO | 718,550.61 |
| 07/07/2 | S 50 | 07/07/2 | | 5 -5,596.55 | 0.00 | 0.00 | 718,550.61 | PAYPAL | 724,147.16 |
| 07/07/2 | S 50 | 07/07/2 | | -5,000.00 | 0.00 | 0.00 | 724,147.16 | GUSTO | 729,147.16 |
| 07/07/2 | S 50 | 07/07/2 | | -5,000.00 | 0.00 | 0.00 | 729,147.16 | GUSTO | 734,147.16 |
| 07/07/2 | S 50 | 07/07/2 | | -4,955.01 | 0.00 | 0.00 | 734,147.16 | GUSTO | 739,102.17 |
| 07/07/2 | S 50 | 07/07/2 | | -4,000.00 | 0.00 | 0.00 | 739,102.17 | GUSTO | 743,102.17 |
| 07/07/2 | S 50 | 07/07/2 | | 0 -4,000.00 | 0.00 | 0.00 | 743,102.17 | GUSTO | 747,102.17 |
| 07/07/2 | S 50 | 07/07/2 | | 0 -3,750.00 | 0.00 | 0.00 | 747,102.17 | GUSTO | 750,852.17 |
| 07/07/2 | S 50 | 07/07/2 | | 0 -3,250.00 | 0.00 | 0.00 | 750,852.17 | GUSTO | 754,102.17 |
| 07/07/2 | S 50 | 07/07/2 | | 0 -3,250.00 | 0.00 | 0.00 | 754,102.17 | GUSTO | 757,352.17 |

| 07 | 736 IX | GLOBAL | Transaction Summa | ary | | | | | 07/11/2023 |
|-----------|--------|----------|--|-------------------|------|------|-------------|-------------|-------------|
| Post Date | ID | Eff Date | Transacti Trans Amt | Balance | Int/ | Fees | New Balance | Description | Prev Availa |
| 07/07/2 | S 50 | 07/07/2 | TYPE: CND 266693 CO: ACH Wit 3,250.00 % ACH Trace | | 0.00 | 0.00 | 757,352.17 | GUSTO | 760,602.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 3,250.00 %% ACH Trace | | 0.00 | 0.00 | 760,602.17 | GUSTO | 763,852.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 2,500.00 %% ACH Trace | | 0.00 | 0.00 | 763,852.17 | GUSTO | 766,352.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 2,500.00 %% ACH Trace | | 0.00 | 0.00 | 766,352.17 | GUSTO | 768,852.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 2,500.00 %% ACH Trace %% ACH ECC CCD | | 0.00 | 0.00 | 768,852.17 | GUSTO | 771,352.17 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: CND 266693 CO: ACH Wit 1,500.00 %% ACH Trace %% ACH ECC CCD | | 0.00 | 0.00 | 771,352.17 | GUSTO | 772,852.17 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: CND 266693 CO: ACH Wit 1,500.00 %% ACH Trace | | 0.00 | 0.00 | 772,852.17 | GUSTO | 774,352.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 1,500.00 %% ACH Trace | | 0.00 | 0.00 | 774,352.17 | GUSTO | 775,852.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 1,500.00 %% ACH Trace | | 0.00 | 0.00 | 775,852.17 | GUSTO | 777,352.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 1,500.00 %% ACH Trace | | 0.00 | 0.00 | 777,352.17 | GUSTO | 778,852.17 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: ICD 258903 CO: (ACH Wit 1,238.75 %% ACH Trace | | 0.00 | 0.00 | 778,852.17 | GUSTO | 780,090.92 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 1,000.00 %% ACH Trace | | 0.00 | 0.00 | 780,090.92 | GUSTO | 781,090.92 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH ECC CCD TYPE: CND 266693 CO: ACH Wit 1,000.00 %% ACH Trace %% ACH ECC WEB | | 0.00 | 0.00 | 781,090.92 | GUSTO | 782,090.92 |
| 07/07/2 | S 50 | 07/07/2 | NAME: IX GLOBAL LLC TYPE: INST XFER CO: F ACH Wit 990.00 %% ACH Trace %% ACH ECC CCD | PAYPAL -990.00 | 0.00 | 0.00 | 782,090.92 | PAYPAL | 783,080.92 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: ICD 258903 CO: 0 ACH Wit 768.03 %% ACH Trace | GUSTO -768.03 | 0.00 | 0.00 | 783,080.92 | GUSTO | 783,848.95 |

| 07 | '36 IX | GLOBAL | Transaction | Summ | ary | | | | | 07/11/2023 |
|--------------------|--------|----------|---|--------------------------|------------------|------|------|-------------|--------------|----------------------------|
| Post Date | ID | Eff Date | Transacti Tr | ans Amt | Balance | Int/ | Fees | New Balance | Description | Prev Availa |
| | | | %% ACH ECC TYPE: ICD 258 | 903 CO: | | | | | | |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit %% ACH Trace %% ACH ECC TYPE: ICD 258 | CCD | -743.25 | 0.00 | 0.00 | 783,848.95 | GUSTO | 784,592.20 |
| 07/07/2 | S 50 | 07/07/2 | | 743.25 WEB BAL LLC | -743.25 | 0.00 | 0.00 | 784,592.20 | GUSTO | 785,335.45 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit %% ACH Trace %% ACH ECC NAME: IX GLO TYPE: INST XF | 670.00 WEB BAL LLC | -670.00 | 0.00 | 0.00 | 785,335.45 | PAYPAL | 786,005.45 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit %% ACH Trace %% ACH ECC TYPE: ICD 258 | 640.00 CCD | -640.00 | 0.00 | 0.00 | 786,005.45 | PAYPAL | 786,645.45 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit %% ACH Trace %% ACH ECC TYPE: ICD 258 | 532.66 CCD | -532.66 | 0.00 | 0.00 | 786,645.45 | GUSTO | 787,178.11 |
| 07/07/2 | S 50 | 07/07/2 | ACH Wit %% ACH Trace %% ACH ECC | 458.34 CCD | -458.34 | 0.00 | 0.00 | 787,178.11 | GUSTO | 787,636.45 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH Trace %% ACH ECC | 458.34 CCD | -458.34 | 0.00 | 0.00 | 787,636.45 | GUSTO | 788,094.79 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH Trace %% ACH ECC | 433.56 CCD | -433.56 | 0.00 | 0.00 | 788,094.79 | GUSTO | 788,528.35 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: ICD 258 ACH Wit %% ACH Trace %% ACH ECC | 371.63 CCD | -371.63 | 0.00 | 0.00 | 788,528.35 | GUSTO | 788,899.98 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: ICD 258 ACH Wit %% ACH Trace %% ACH ECC | 334.46 | GUSTO -334.46 | 0.00 | 0.00 | 788,899.98 | GUSTO | 789,234.44 |
| 07/07/2 | S 50 | 07/07/2 | %% ACH Trace %% ACH ECC NAME: IX GLO | 222.98 WEB BAL LLC | -222.98 | 0.00 | 0.00 | 789,234.44 | GUSTO | 789,457.42 |
| 07/07/2 | S 50 | 07/07/2 | TYPE: INST XF ACH Wit %% ACH Trace %% ACH ECC | 100.00 CCD | -100.00 | 0.00 | 0.00 | 789,457.42 | PAYPAL | 789,557.42 |
| 07/06/2 | S 50 | 07/06/2 | TYPE: FEE 180 ACH Wit %% ACH Trace %% ACH ECC NAME: IX GLO TYPE: WEBPA | 197.34 WEB | -197.34 | 0.00 | 0.00 | 789,557.42 | GUSTO | 789,754.76 |
| 07/06/2 07/05/2 | | | ACH Wit Wire Wit 30 | 80.00 | -80.00 | 0.00 | 0.00 | | GATEWAY SERV | 789,834.76 1,089,834.76 |

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| 07 | 736 IX | GLOBAL | Transact | ion Sumn | nary | | | | 07/11/2023 |
|-----------|--------|----------|------------|-------------|-----------|--------|------|-------------------------|-------------|
| Post Date | ID | Eff Date | Transacti | Trans Amt | Balance | Int/ | Fees | New Balance Description | Prev Availa |
| 07/05/2 | S 50 | 07/05/2 | %%Wire \$3 | 00,000.00 B | USINESS F | UNDING | SOLU | j. | |
| | | | %% WOr Pl | ROJECTION | MANAGEM | ENTLL | C | | |
| 07/03/2 | S 50 | 07/03/2 | Wire De | 500,000 | 500,000 | 0.00 | 0.00 | 1,089,834.76 | 589,834.76 |
| | | | %% ACH Tr | ace | | | | | |
| | | | %% ACH E | CC CCD | | | | | |
| | | | TYPE: MER | CH FEES | O: PAYARC | | | | |
| 07/03/2 | S 50 | 07/03/2 | ACH Wit | 89.95 | -89.95 | 0.00 | 0.00 | 589,834.76 PAYARC | 589,924.71 |
| | | | %% ACH Tr | ace | | | | | |
| | | | %% ACH E | CC CCD | | L | | | |
| | | | TYPE: TRAI | NSFER CO | : STRIPE | | | | |
| 07/03/2 | \$ 50 | 07/03/2 | ACH De | 424 475 | 424 475 | 0.00 | 0.00 | 589 924 71 STRIPE | 165 449 57 |

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2717 DIGITAL LICENSIN Transaction Summary

07/11/2023

| Post Date | ID | Eff Date | Transacti | Trans Amt | Balance | Int/ | Fees | New Balance | Description | Prev Availa |
|-----------|------|----------|-------------|-------------|-----------|------|------|-------------|-------------|-------------|
| | | | A2A Transfe | r: ****0050 | | | | | | |
| 07/06/2 | S 50 | 07/06/2 | Home Ba | 5,224.60 | -5,224.60 | 0.00 | 0.00 | 83,054.40 | | 88,279.00 |
| | | | A2A Transfe | r: ****0050 | | | | | | |
| 07/06/2 | S 50 | 07/06/2 | Home Ba | 7,200.00 | -7,200.00 | 0.00 | 0.00 | 88,279.00 | | 95,479.00 |
| | | | A2A Transfe | r: ****0050 | | | | | | |
| 07/05/2 | S 50 | 07/05/2 | Home Ba | 9,000.00 | -9,000.00 | 0.00 | 0.00 | 95,479.00 | | 104,479.00 |
| | | | A2A Transfe | r: ****0050 | | | | | | |
| 07/05/2 | S 50 | 07/05/2 | Home Ba | 24,000.00 | -24,000 | 0.00 | 0.00 | 104,479.00 | | 128,479.00 |
| | | | Business W | ire to | 8562 | | | | | |
| 07/05/2 | S 50 | 07/05/2 | Home Ba | 6,000.00 | -6,000.00 | 0.00 | 0.00 | 128,479.00 | | 134,479.00 |